

REGIONAL SCHOOL UNIT #20

Belfast • Belmont • Frankfort • Morrill • Northport
Searsmont • Searsport • Stockton Springs • Swanville

ADMINISTRATORS and CENTRAL OFFICE

I, _____, am requesting leave for

Print Name

the following:

Please ✓ appropriate box and list the date(s) on the line next to your selection.

Vacation

Date(s):

Personal Leave

Date(s):

Sick Leave

Date(s):

Professional Leave

Date(s):

Unpaid Leave
(Please explain)

Date(s):

Other (Please explain)

Date(s):

Staff Signature

Date:

Supervisor Signature

Date:

Superintendent's Signature

Date:

This form is to be submitted to the Superintendent in advance of the leave.