

REGIONAL SCHOOL UNIT #20

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

TEMPORARY LEAVE OF ABSENCE FORM

FOR FOOD SERVICE

Employee's Name: _____

Work Location: _____

Please complete as indicated.

I will be on temporary leave of absence, with pay, on (dates) _____

Reason for temporary leave: _____

This leave is taken in accordance with the following provisions of the contract:

Employees may be granted up to two (2) days of personal leave, with pay, for urgent personal business, that cannot be conducted at a time other than work time, and defined as religious, legal, or family matters. A form defining the reason(s) must be completed and given to the Supervisor at least forty-eight (48) hours in advance.

Specific reasons must be provided for the use of personal leave the day before and/or after a holiday or vacation period and must be approved by the Superintendent/designee.

Employee's Signature

Date: _____

Notification Acknowledged by Supervisor:

Supervisor's Signature

Date: _____

Superintendent/Board Action: _____

Superintendent's Signature

Date: _____

Rev. August 11, 2010