Sheepscot Valley School Union # 133
69 Augusta Road
Whitefield, ME 04353
Telephone: (207) 549 - 3261 FAX: (207) 549-3082

REQUEST FOR LEAVE FORM

Teacher _____
Support Staff _____

Date Submitted _____

Name: _____ **Position:** _____
(please print)

School ☐ Windsor ☐ Palermo ☐ Somerville ☐ Union

Type of Leave	With Pay	W/O Pay	
a. **Professional Leave**	☐	☐	
b. **Beareavement Leave ***	☐	☐	
c. **Jury Duty**	☐	☐	
d. **Personal Leave**	☐	☐	
e. **Leave of Absence**	☐	☐	
f. **Other-Vacation, etc.**	☐	☐	

* Bereavement Leave - please indicate relationship to deceased _____

Substitute Needed? ☐ Yes ☐ No ☐ **Half day** ☐ **Full day**

Dates Requested _____

Funding source: _____

_____
(Staff member signature) *(Date submitted)*

_____
(Principal Approval) *(Date received)*

Conference Information:

_____

Cost of Conference:

_____

11/13/2006
bjw