

Regional School Unit 1

Superintendent of Schools
34 Wing Farm Parkway
Bath, ME 04530

Phone: 443-6601

Fax: 443-8295

Employee: _____
Please Print

Date: _____

School: _____
Please Print

I request _____ day(s) of leave on _____
for the following:

- Personal Day/s (please note that religious days are deducted from personal days)
- Vacation Day/s
- Family Illness
- Medical Day/s (for pre-scheduled medical appointments or needs of the **employee**)
- Bereavement Leave

Is a substitute required? _____ All Day Morning Only Afternoon Only

I understand that my pay will be docked should I exceed the annual allowable Personal, Sick, or Bereavement days.
(exceptions on leave policies must have prior approval of the superintendent)

Employee Signature

Date

Approved Denied

Reason for denial: _____

Principal's Signature

Date

Special Services Director's Signature

Date

Superintendent's Signature

Date

