

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 56
Frankfort ! Searsport ! Stockton Springs

LEAVE REQUEST FORM

Name _____ Today's Date _____

PROFESSIONAL _____ **PERSONAL** _____ **VACATION** _____

BEREAVEMENT _____ **OTHER** _____

INSERVICE DAY (For Support Staff ONLY). I will use a (Circle one): Personal, Vacation, Sick Day

PROFESSIONAL

Title of Conference, Meeting, Convention or Visitation: (10 Days Advance Notice)

Place: _____ Date: _____

Reimbursement Requested: _____ None
_____ Registration Fee _____
_____ Mileage _____
_____ I am a designated driver for this conference/meeting, etc.
_____ Other _____

(NOTE: If two or more people from the district are attending the same conference, it is an expectation that we carpool to cut expenses. Any individual who decides to use his/her own vehicle, other than the designated driver, will not be reimbursed for mileage.)

How will this experience benefit you personally or the school system in general?

Supervisor MUST check one: Recommended: _____ Not Recommended _____
Expenses: _____ None
_____ Registration Yes/No Account # _____
_____ Mileage Yes/No Account# _____
_____ Other Yes/No Account # _____

ALL OTHER LEAVES

Reason (s) for this request and details of leave, if applicable.

Date leave is to be taken _____

REVIEWED BY

Supervisor's Signature - Date

Business Office Verification of Days

APPROVED _____ **DENIED** _____

Superintendent of Schools - Date

Reimbursement will be made with the submission of receipts and a copy of this form.

Form revised: 07/06