SCHOOL ADMINISTRATIVE UNIT # 21
HAMPTON, NH 03842

REQUEST FOR TEMPORARY LEAVE OF ABSENCE – SESPA B.U.

NAME: _____

SCHOOL/DISTRICT: _____

DATE(S) REQUESTED: _____

I am requesting a temporary leave of absence for the following reason(s):

_____

_____

CONTRACT REFERENCE: PLEASE CIRCLE APPROPRIATE REFERENCE

Article

10-A SICK LEAVE **½ Day** **Full Day**

10-B PERSONAL LEAVE – day(s) may not be used to extend a vacation or holiday.

10-C BEREAVEMENT LEAVE – for death in the immediate family (maximum of 3 days)

10-C ADDITIONAL BEREAVEMENT LEAVE - for death in the immediate family (up to 2 days)

9-I WORKSHOP DAY – each employee will be allowed one day per school year to attend a workshop

EMPLOYEE's Signature & date submitted: _____
Signature Date

PRINCIPAL'S recommendation, check one: **Recommend** ☐ **Do not Recommend** ☐

PRINCIPAL'S SIGNATURE & DATE: _____
Signature Date

SUPERINTENDENT'S DECISION/DATE: **Approved** ☐ **Denied** ☐

SUPERINTENDENT'S SIGNATURE/DATE: _____
Signature Date

Sespaleavereq 05.08
Revised 09.2014