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

PERSONAL LEAVE FORM

Teacher _____
Support Staff _____

Dates Requested: _____

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	☐	☐	

* Bereavement Leave - please indicate relationship to deceased

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

Dates Needed: _____

Funding source: _____

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

_____
(Principal Approval) *(Date received)*

Conference Information:
_____

Cost of Conference:
_____

9/17/05
bjw