

LACONIA SCHOOL DISTRICT
SCHOOL ADMINISTRATIVE UNIT #30

EMPLOYEE LEAVE FORM

Name _____ School _____ Date _____

Check one: Administrator Teacher Support Staff Specialist Custodian
 Secretary

Request – Nature of Leave:

Type of Leave: Vacation Emergency Personal Medical Other

When: (Date and Time) _____

Why: _____

Staff Member Signature: _____

For Office Use Only

Supervisor/Principal _____ Date _____

Assistant Superintendent _____ Approved/Denied Date _____

Reason for denial _____

Total days/hours deducted from salary _____

SUBMIT REQUEST TO YOUR IMMEDIATE SUPERVISOR