

SCHOOL ADMINISTRATIVE DISTRICT NO. 59
55 Weston Avenue
Madison, Maine 04950

REQUEST FOR LEAVE OF ABSENCE

Employee _____ Social Security No.

Position _____

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I request a leave of absence because

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First day of absence will be

I will be returning to work on

Conditions

I understand if I do not return to work on the above date or receive an extension of my leave, I will be considered as voluntarily abandoning my job.

Signed: _____ Date: _____

Employee

Approved: _____ Date: _____

Superintendent of Schools