

**M.S.A.D. NO. 75**  
**MERRYMEETING EMPLOYEES ASSOCIATION (Support Staff)**  
**REQUEST FOR LEAVE FORM**

**Employee Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
*Please Print*

**Type of Leave Requested**

**Earned Paid Leave (EPL)** -Employees must request EPL one week prior to the pay period preceding the requested time. Scheduling of EPL is at the discretion of the employee's immediate supervisor provided that staffing needs can be met. *Exceptions to this Leave must be approved by the Superintendent.*

**Family Medical Leave Act (FMLA) // State of Maine Leave Law** - Use of FMLA/State of ME Leave is for an absence from work due to a qualifying medical reason. Examples include: A) for the Birth, Adoption, or Foster Care of a Child; B) for Self-Care (I.E. surgery or other medical); C) for the care of a Loved One (due to medical reasons); or D) other qualifying reasons. Please contact the Human Resources Director for more information.

**Sick Bank** - Use of the Sick Bank is for Employee illness/injury only. Does not apply to family members.

**Sick Family member** (Up to one workweek hours per contract year)

**Jury Duty** (Attach a copy of Summons)

**Professional Leave** - Up to two workdays for workshop, seminar, conference relating to job classification

**Bereavement** - In the event of a death in the family of the employee: spouse, mother, father, sister, brother, child or stepchild, grandmother, grandfather, grandchild, mother-in-law, father-in-law, stepmother and stepfather. *Exceptions to this list must be approved by the Superintendent.*

**Dates Leave requested:** From: \_\_\_\_\_ To: \_\_\_\_\_ # Full Days \_\_\_\_\_ # Half Days \_\_\_\_\_ # Hours \_\_\_\_\_

Number of Days/Hours Available Prior to Request: \_\_\_\_\_

Please explain request for leave: \_\_\_\_\_  
\_\_\_\_\_

*By signing below the employee certifies that the leave requested and taken is in accordance with the leave agreements with the Associations and District polices and with the understanding that fraudulent application for use is grounds for disciplinary action up to dismissal.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*For office use only\*\*\*\*\***

**Supervisor:**  Approved  Denied - reason for denial: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Leave requiring a Superintendent exception:**

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_