

Support Staff Personal Leave Request Form

I am requesting personal leave for the following date(s):

Article 18, Section C-3:

Up to three (3) days per year, of accumulated sick days, may be used for prearranged illness or family illness as described in this article. Employee shall give written notice at least five days in advance of taking a prearranged absence day. Consecutive prearranged absence days require prior approval by the Superintendent. The district reserves the right to limit the number of prearranged absence days when multiple employee absences within a classification or building would cause a substitute shortage. Preference will be given to earliest dated request. Prearranged absences may not be used for Association business or extending a vacation, holiday or extending calendar days off. The Superintendent may waive the above guidelines if circumstances warrant it.

My requested day(s) is for Association business, or is prior to or immediately following a vacation, holiday, or calendar day off. I am requesting the Superintendent waive the above guidelines due to the following circumstances [Please complete only if applicable]:

Employee Name

Employee Signature

Date

Personal Leave Request Approved

Personal Leave Request Not Approved

Reason for Denial: _____

Supervisor Signature

Date

Superintendent Signature

Date