



REQUEST FOR PERSONAL/BEREAVEMENT DAY(S)

Only complete this form if you are requesting personal days for one or more of the reasons listed below or to show the relationship for bereavement days. Every reasonable effort should be made to provide prior notice in advance.

Please send this form to the personnel office for approval by the Assistant Superintendent **after it has been approved by building administrator.**

Prior approval for the use of personal days must be obtained if:

1. **The personal day(s) requested is/are the day before/day after a legal holiday.**
2. **The personal day(s) requested is/are within the first two (2) weeks or last two (2) weeks of the school year.**
3. **Three (3) or more consecutive personal days are requested (HEA members)**

PLEASE BE SURE TO ATTACH AN EXPLANATION FOR THE REQUEST

Name: _____ School: _____

Date(s) Requested: _____

Personal Day: _____ Reason: _____

Bereavement Day: _____ Relationship to Employee: _____

Building Administrator Approval: Yes No Initials: _____

FOR PERSONNEL USE ONLY

Your Request: _____ Is Approved

 _____ Is Denied

 _____ Needs Further Documentation

Assistant Superintendent

Date