

EMERGENCY/PERSONAL LEAVE REQUEST

In accordance with and subject to the provisions of Section 8.7 of the Working Agreement between School District 196 and the Dakota County United Educators, I hereby request Emergency/Personal Leave with pay.

Requested by (print name): _____ **Employee #:** _____ **School:** _____

Current Position: _____ **Full-Time** **Part-Time** **Job share**

DAYS REQUESTED:

Full Day **Half Day** (Note: check "Full Day" if you will miss more than half of your scheduled hours.)

Date(s): _____ Total Days: _____

INELIGIBLE DAYS: Unless taken for one of the reasons stated below, emergency/personal leave days cannot be taken during the first ten (10) student contact days, Mondays and Fridays during the last twenty-five (25) student contact days of the school year, the Tuesday following Memorial Day, the last two (2) student contact days, and all non-student contact days.

***ALLOWABLE REASONS:** Teachers shall be granted emergency/personal leave at any time for the following reasons:

- A. Property closing.
- B. Court appearances when a party to a court proceeding or witness in a court proceeding, except against School District 196.
- C. Emergency causing serious physical damage to property.
- D. Bereavement leave.
- E. Religious observance as required by the teacher's religious conviction, provided such requirement cannot be taken care of while school is not in session.
- F. Attendance at a wedding.
- G. Attendance at a graduation of teacher's (**check one**):
 - son daughter brother sister spouse self parent
- H. All leaves under Family Leaves (Section 8.6.4).
- I. Attendance at a school event of the teacher's child (pre-school through post-secondary). Such leave is limited to sixteen (16) hours per school year.
- J. Military duty and to attend military ceremonies for teacher's (**check one**):
 - son daughter brother sister spouse self parent
- K. Childcare emergency when the teacher's childcare provider cannot provide services.
- L. Absences necessary to attain an additional educator license.

Requested by: _____ **Date:** _____

Approved by Principal: _____ **Date:** _____

Human Resources: **Approved** **Denied** _____ **Date:** _____

Reason if denied: _____

If days are not used, the teacher will be paid at the end of the school year an amount equal to the school district's daily substitute teacher pay rate (or half-day rate for half-time employee or less) for each unused day or unused days can be donated to the sick leave bank or carried over to the next school year. A separate form will be available on the district internet and must be submitted to donate to the sick leave bank or to carry over a day. If no form is received, unused days will be paid out in July.