

HERMON-DEKALB CENTRAL SCHOOL
DeKalb Junction, New York 13630

PERSONAL LEAVE FORM

Name _____

Date(s) of Leave _____

I hereby affirm that this personal leave is for personal business that cannot be conducted outside of school hours. I further affirm that this leave will not be utilized to extend a vacation. Notification shall be given to the District at least forty eight (48) hours in advance, except in an emergency situation.

Date

Employee Signature

Date Received

District Administrator

Fill out both sections of this form. Return completed form to the Superintendent. One copy will be returned to you and one copy will be kept in the office.

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