



Easton Area School District

1801 Bushkill Drive • Easton, PA 18040-8186 • 610-250-2400

Request for day off:

Name: _____ Date of Request: _____

_____ I hereby request a **personal day** _____ Half day _____ Full day

On the following **date(s)**: _____

_____ I hereby request a **bereavement day**

On the following **date(s)**: _____

Name of person who passed _____

Relationship to the Deceased _____

(Copy of the Obituary may be requested by supervisor)

_____ I hereby request a paid day(s) for **Jury duty**

On the following **date(s)**: _____

Please be sure to submit your check from the county or city to payroll)

Approved _____ **Denied** _____ (Reason Checked Below)

_____ Does not conform to 1-day Prior notification

_____ Exceeds 10% staff Limitation in building

_____ Other

Date: _____ Signature of Administrator/Supervisor _____

Reminder: Please be sure to see your current contract for allowable days per year. You are required to submit a written request to your Supervisor/Administrator for all types of personal days.

Please keep a signed copy for your records.