

MOUNT VERNON CITY SCHOOL DISTRICT

Mount Vernon, New York

REQUEST FOR LEAVE

LEAVES FOR PERSONAL REASONS

Personal leave will be granted for matters of urgent personal business which can only be conducted within the regular school day.

Personal leave shall not be granted for any day or consecutive days, or any part thereof, before or following a vacation period or a day when a school has been closed for an emergency, except when a request for personal leave had been submitted and approved in advance of an emergency closing.

FOR MVFT & MVAG

All regular full-time teachers and administrators in the school system will be allowed **three (3) days** of leave for personal reasons per school year.

Application for such personal leave must be submitted by the teacher or administrator, in writing, not less than **5 days prior to the day** or days such leave is desired, or as soon as practicable in case of an emergency. Any teacher or administrator desiring personal leave for two or more consecutive working days may apply for such leave, stating specific reason for request.

FOR CSEA

Article XII, Section 2, of the Agreement between The Mount Vernon Board of Education and the Mount Vernon Non-Teaching Unit, Civil Service Employees Association, grants **four (4) days** absence at full pay, annually for personal reasons, will be allowed each employee.

Requests for such leave must be submitted in writing at least **three days prior to the day** or days of absence, or as soon as practicable in case of emergency, and **must** state the reason for such leave. Personal leave will not be granted for any day or part of a day before or following a vacation period or a day when school has been closed for emergency or holiday.

NAME

POSITION: ☐ Administrator ☐ Teacher ☐ Security

(please check one)

☐ Psychologist ☐ Counselor ☐ Social Worker

☐ Teaching Assistant ☐ Speech Therapist

☐ CSEA Employee

Title _____

☐ Other _____

SCHOOL OR DEPARTMENT

TO BE ABSENT:

MONTH _____

	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

Please mark with a "X" the days for personal absence.

☐ ALL DAY ☐ AM ☐ PM

REASON FOR LEAVE:

(please check one) ☐ School Business (No Charge - Attach Agenda or Flyer)

Destination: _____

☐ Personal Day

Reason: _____

☐ Bereavement

☐ Jury Duty

☐ Cancer Screening (Mammo/Prostate - No Charge)

☐ Vacation (Needs prior approval from supervisor - CSEA & MVAG)

☐ Other: _____

SIGNATURE _____

DATE _____

PRINCIPAL AND/OR DEPARTMENT ADMINISTRATOR

Recommended Approval: ☐ Yes ☐ No

Substitute Service Required: ☐ Yes ☐ No

HUMAN RESOURCES

Authorization for Reimbursement Approval: ☐ Yes ☐ No

Salary Deduction: ☐ Full ☐ Half ☐ None **Amount:** _____

Remarks, if any _____

Signature _____

Date: _____

Signature _____

Date: _____