



CERTIFIED APPLICATION FOR PERSONAL LEAVE

Name _____ 4-Digit Employee ID# _____

Today's Date _____ School/Dept. _____ Full-time / Part-time
(Please circle one)

Date(s) Requested for Leave _____
(If half-day, please list the hours you will be gone)

The District recognizes that a teacher may need time off for personal reasons. Two (2) working days paid leave of absence may be used as personal leave. If a bargaining unit member works less than ninety-five (95) work days (not including unpaid leave), the District shall provide only one (1) day of personal leave. Personal leave may be used for personal reasons if a qualified substitute is available. Personal leave may also be used for the employee's illness/injury and the illness/injury of the employee's immediate family. Leave must be used in increments of at least four (4) hours.

No more than 5% of the bargaining unit members in a school or one (1) bargaining unit member, whichever is greater, may take personal leave on a given day. The immediate supervisor may make exceptions due to unusual or highly extenuating circumstances.

Leave shall not be taken during the first week of the students' school year, the last week of the semester/trimester or the last two weeks of the school year. Leave shall not be taken during parent conference days. The immediate supervisor may make exceptions due to unusual or highly extenuating circumstances. (Article VII – Section J.)

I understand that an inappropriate use of personal leave is a violation of the contract and that disciplinary action will be taken if a violation is determined.

Signature of Teacher

Signature of Principal

Instructions: Send entire completed application to Payroll

TO BE COMPLETED BY HR

Request: **Approved** **Denied**

Notes: _____

Signature of Director of HR

Date

HR Distribution: White – Retained in Payroll
Yellow – Returned to applicant by HR
Pink – Returned to building Principal by HR