

NOTICE OF INTENT TO TAKE PERSONAL LEAVE

DATE: _____

In accordance with the contractual agreement with the Board of Education, I intend to take:

____ ½ personal leave day _____
(Date)

____ full personal leave day(s) _____
(Date(s))

I acknowledge that this business cannot be conducted on other than a school day, and is not related to “recreational pursuit, economic gains, other employment, seeking new employment, marriage”.

Please print or type name

Signature of Staff member

Please indicate whether ADMINISTRATOR, CSEA or TEACHER:

_____ ADMINISTRATOR

_____ CSEA

_____ TEACHER

Please indicate whether a substitute is necessary: YES ____ NO ____

I would like to request: _____ as a substitute.
Please print or type name

School Office Use

Approved by: _____ Date: _____