

APPLICATION FOR PERSONAL LEAVE

Name: _____ Date of Application: _____

Circle One: AES-P AES-I AMS AHS ALT Other _____

Date(s) Requested: 1) _____ Full Day Half-day (a.m.) Half-day (p.m.)

2) _____ Full Day Half-day (a.m.) Half-day (p.m.)

3) _____ Full Day Half-day (a.m.) Half-day (p.m.)

4) _____ Full Day Half-day (a.m.) Half-day (p.m.)

5) _____ Full Day Half-day (a.m.) Half-day (p.m.)

For the purpose of assigning a substitute, please indicate time of absence if requesting 1/2-day leave:

_____ a.m. or _____ p.m.

Total Days Absent:

Signature of Applicant: _____

Date/Time Received by the Payroll Clerk: _____ a.m./p.m.

Eligible

Not Eligible

Signature of Payroll Clerk: _____

Approved

Not Approved

Signature of Superintendent: _____

Reason if disapproved by the Superintendent: _____

Substitute Assigned _____

See Negotiated Agreement (Article IV) for policy on personal leave.