

Personal Leave Request

I would like to request personal leave as outlined by School District Number One Policy #GCBDA for the following date(s)_____

Signature:_____

School:_____

- Substitute Recommended:
- 1. _____
 - 2. _____
 - 3. _____
 - 4. _____

.....
OFFICE USE ONLY:

Date Received: _____

Personal Leave request Forms MAY NOT Be Submitted After May 15th.

_____ Request Approved (District Expense) -- Three (3) days maximum.

_____ Request Approved with substitute wages deducted. (Not to EXCEED two (2) days)

_____ Request Approved with substitute wages deducted, for unusual or extraordinary circumstances (Approval by the Human Resources Director.) (Not to EXCEED two (2) days.)

_____ Request Approved with 1/182 salary deduction.

_____ Request Denied for the following reason(s):

_____ Qualified substitute cannot be obtained.

_____ Too many personal leave requests for the same date and/or anticipated faculty absences for other reasons is prohibitive to normal operation of school program.

_____ Request not received in sufficient time.

_____ Maximum number of days have been used.

_____ Other. (List reason:_____)

Cumulative days used at District expense:_____

Cumulative days used with substitute wages paid by employee:_____

Cumulative days used with 1/182 deduction:_____

Copies for:
Payroll Office
Employee
Building

Principal/Supervisor

Date