



AVERILL PARK CENTRAL SCHOOL DISTRICT NOTICE OF PERSONAL LEAVE



Please submit this form to your immediate supervisor in time to have the form to the Superintendent of Schools at least two days prior to the date of the requested leave.

NAME: _____ DATE OF APPLICATION: _____

Building and/or Department: _____

Date of Requested Leave: _____

Check one: All Day _____ Half Day AM: _____ Half Day PM: _____

If less than full day, list hours expected to be on leave _____ to _____

Is a substitute needed? Yes _____ No _____

(If notice is submitted less than two days in advance of the leave, or the requested leave is immediately prior to or following a holiday recess, or for more than one day consecutively, prior approval is required, and the reason for the requested leave must be included. The reason may be listed on a separate paper, enclosed in an envelope, attached to this form, and directed to the Superintendent of Schools if confidentiality is desired).

Reason for requested leave

I hereby certify that it is essential for me to be absent from my employment on the above times for reasons which only can be accomplished when school is in session.

Signature

Principal/Supervisor sign to acknowledge notification of this impending absence.

Name Date

This leave has been approved _____ denied _____

Superintendent of Schools Date

Superintendent route to:

- Staff Member
- Principal/Supervisor
- Business Office