

PERSONAL DAY REQUEST APPROVAL FORM
(for use by members of the Office Personnel and Teachers' Aides Association Only)

Please try to submit this form to your supervisor no later than 1 week prior to the requested personal day(s).

Name: _____ Today's Date: _____
(Please Print)

Personal Day(s) Requested (indicate date(s)): _____

Is this date the day before or after a holiday, recess, or vacation? Yes** No

(Per Article VII, Section 4 of your contract)

By completing this request, I certify that this personal leave is needed to conduct personal business that cannot be transacted at any time other than the regular work day and that it is not being used for recreational, vacation, or other like activities.

Employee Signature: _____

Supervisor Approval: _____ Date: _____

Once approved by Supervisor, Teacher Aides must enter their time into AESOP/Frontline.

** If the personal day being requested is the day before or the day after a holiday, recess, or vacation, Office Personnel and Teachers' Aides Association members must also get the approval of the Superintendent or his/her designee prior to taking the personal day.

Superintendent Approval: _____ Date: _____

Please return this form to the District Office once complete