

Monroe 2-Orleans BOCES
3599 Big Ridge Road
Spencerport, NY 14559



10 MONTH STAFF
PERSONAL DAY REQUEST FORM

Submit this form to your Director/Executive Principal/Principal at least two (2) days before the anticipated date of absence. In case of emergency, the two-day period may be waived, but this form must still be submitted.

I, _____, request personal day(s) to be taken as follows:
(Print Name)

Job Title/School Location: _____

_____	<input type="checkbox"/> Full Day <i>or</i> <input type="checkbox"/> Half Day A.M. <i>or</i> <input type="checkbox"/> Half Day P.M.
Date	(Check One)
_____	<input type="checkbox"/> Full Day <i>or</i> <input type="checkbox"/> Half Day A.M. <i>or</i> <input type="checkbox"/> Half Day P.M.
Date	(Check One)
_____	<input type="checkbox"/> Full Day <i>or</i> <input type="checkbox"/> Half Day A.M. <i>or</i> <input type="checkbox"/> Half Day P.M.
Date	(Check One)

My signature below evidences my understanding that this leave will be granted for the purpose of attending to matters which require my absence during the school day, and that such leave will not be granted for recreational purposes, vacation days or matters that can be scheduled outside the normal work day. I attest that the purpose for which these personal days will be used is legal, business, religious, or family matters.

For Emergency or Extenuating Days - For personal days requested on an <i>emergency</i> basis, or for days immediately before or after a school holiday or vacation period, give reason below and attach any supporting documentation. (Please note that days immediately before or after a school holiday will be granted under extenuating circumstances only.)

Employee Signature: _____ Date _____

Approved by: _____ Date _____
Director/Executive Principal/Principal

Approval for emergency or days before or after a school holiday or vacation period.	
Approved by: _____	_____
Assistant Superintendent	Date
_____	_____
District Superintendent	Date