

P E R S O N A L L E A V E A P P L I C A T I O N
(S A G E S , G N T A , O S A , A D U L T E D &
P A R A P R O F E S S I O N A L)

NOTE: SIR, TESL & hourly teachers who work less than 5 days a week are not entitled to personal leave days.

Name: _____ Today's Date: _____
(Print or Type)

School/Location: _____ Position: _____ Bargaining Unit: _____

SAGES, GNTA, OSA & PARAPROFESSIONAL

(Before completing this form, refer to reverse side of this form for important information regarding requests that immediately precede/follow summer, Thanksgiving, Christmas, winter and spring vacations.)

Date of Personal Leave Day being requested: _____ Day(s) of Week: _____
(mm/dd/yyyy)

_____ This is my first request this school year.

_____ This is my second request this school year. My first personal day was taken: _____
(mm/dd/yyyy)

_____ This is my _____ request this school year (reason provided on back).

I certify the above request is consistent with the criteria outlined in my bargaining unit's agreement as it pertains to personal leave days.

Signature of Requestor: _____

ADULT EDUCATION

Applicable to members who:

(a) teach in the Adult Basic Education Program, or

(b) teach more than 24 hours per week in the Adult Education Program

Total number of hours entitled to this school year
(see contract for percentages and maximums): _____

Total number of hours used to date this school year: _____

Number of hours being requested at this time: _____

Date these hours will be taken: _____
(mm/dd/yyyy)

Number of hours remaining this school year: _____

I certify the above request is consistent with the criteria outlined in my bargaining unit's agreement as it pertains to personal leave days.

Signature of Requestor: _____

(See reverse side)

Important Information regarding personal leave day request(s) that immediately precede/follow summer, Thanksgiving, Christmas, winter and spring vacations:

- SAGES members: Not applicable.
GNTA members: At the times noted immediately above, paid leave will be granted for reasons **1-15** outlined in Article 34(A) upon **20 calendar days prior written notice whenever possible** to the Superintendent. Documentation may be requested.
OSA members: At the times noted immediately above, paid leave will be granted for the first **15** reasons (“other such personal affairs” excepted) listed under 6.7(a) upon **20 calendar days prior written notice whenever possible** to the Superintendent. Documentation may be requested.
Paraprofessionals: Days taken at the times noted immediately above are *always without pay*.

ATTENTION REQUESTOR

As the requestor, it is *your responsibility* to:

1. Obtain your principal/director’s signature to ensure he/she is aware of this request & that arrangements will be made for a substitute in accordance with District rules.
2. Forward original to the Superintendent’s office, if so required by the provisions of your contract.
3. Ensure you have been granted approval prior to taking the requested day(s), except in the case of an emergency.

I acknowledge receipt of this request: _____
Signature of Principal / Director Date

(Do not write below this line.)

DISPOSITION OF REQUEST BY SUPERINTENDENT OF SCHOOLS

- () **Approved**
() **Disapproved**

Date

Superintendent of Schools

An electronic copy of the above disposition will be forwarded to the Requestor & the Principal/Director.