

REQUEST FOR PERSONAL BUSINESS DAY*

**This request to attend to business matters that cannot be accomplished other than during normal working hours must be received by the principal or supervisor at least five (5) school days prior to the leave date.*

(1) Name (please print or type): _____

(2) Date(s) for which personal business leave is requested: _____

(3) Is the requested date immediately before or after a holiday or vacation period?Yes No

(4) Is this an emergency request? (Requests within five (5) school days will be considered emergency leave requests) Yes No

Employee's Signature: _____ Date: _____

Principal/Supervisor's Signature: _____ Date: _____

Superintendent's approval is only required if the response to #3 and/or #4 is "yes". Please forward completed form (top & bottom) to the Personnel Office, if the Superintendent's approval is required. Otherwise, return this half to the employee.

Approved with pay: Approved without pay: Denied:

Superintendent's Signature: _____ Date: _____

Rev. 07/2003

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