

## Southington Public Schools

TEACHER

REQUEST FOR AN APPROVED ABSENCE DUE TO PERSONAL REASONS

**NAME:**       **DATE SUBMITTED**:

**SCHOOL OR ASSIGNMENT**:

**NUMBER OF PAID PERSONAL DAYS TAKEN THIS SCHOOL YEAR**:

Please accept this request for a **PERSONAL DAY(S)** on the following dates:

# 

This situation is specified in my working agreement:

**ARTICLE XIV:**

A. 1. Illness  Parent  Spouse  Child Sibling

2. Graduation  High School  College

Self  Spouse  Son/Daughter

3. Funeral Name & Relationship

4. Wedding

5. Birth of a Child  Adoption of a Child

6. Moving Domicile

7. Legal  Attorney  Court  Other: Appointment Time: \_\_\_\_\_\_\_\_\_\_\_\_

8. Travel: (*Cite Article, Section & Destination*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Personal/Emergency:  Family Exigency  Household Emergency

Educational Appointment  Other:

B. Religious

C. Additional Days approved by Superintendent (*attach pre-approval information*)

D. Death:  Parent  Spouse  Child  Sibling  Mother-In-Law/Father-in-law

E. Death:  Grandparent  Brother-In-Law/Sister-In-Law

F. Jury Duty (Please attach a copy of the Court Notice)

(Will not affect accrued Personal Days if required to appear and documentation is provided to Payroll)

Situation is NOT specified in my working agreement. The specific cause and information supporting this request is as follows:

     

**NOTE: Personal time needed for Military Leave - there is now a separate form to be used. Please obtain the form from the web site.**

**SIGNATURE OF EMPLOYEE**:

Absence as requested above is acknowledged/recommended for **approval with pay.**

Absence as requested above is acknowledged/recommended for **approval without pay**.

Absence as requested above is acknowledged/recommended for **denial** for the following reasons:

Principal or Supervisor Signature:       Date:

The above request is approved as follows:  Full Pay  UNPAID Dates:

Deduct sub pay Dates:

Denied *Principal or supervisor will anticipate attendance on day(s) requested*.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent or Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_