

## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_