



SOUTHINGTON PUBLIC SCHOOLS

ALL ADMINISTRATORS, NON-CERTIFIED, AND CLASSIFIED EMPLOYEES REQUEST FOR AN APPROVED ABSENCE DUE TO PERSONAL REASONS

NAME:

DATE SUBMITTED:

SCHOOL OR ASSIGNMENT:

Please check one:

<input type="checkbox"/> Administrator	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Custodian
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Nurse	<input type="checkbox"/> Paraeducator
<input type="checkbox"/> Secretary	<input type="checkbox"/> Security	<input type="checkbox"/> Technology

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.
(Please include the specific section/subsection.) _____
- ☐ This situation is not specified in my working agreement. The specific cause and information supporting this request is as follows: _____
- ☐ Does this request fall under “**Bereavement**”? YES ☐ NO ☐
Relationship to Employee: _____
- ☐ **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.

SIGNATURE OF EMPLOYEE:

Type your name in the box above. This will serve as your signature.
Once you have filled out the form, save it and email it to your Supervisor.

- ☐ 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 Designee:

Date:

By typing your name, you agree that it serves as your signature. After signing the document, use the button to email to HR for review.

The above request is approved as follows:

<input type="checkbox"/> Full Pay	<input type="checkbox"/> UNPAID	Dates:
<input type="checkbox"/> Deduct sub pay		Dates:
<input type="checkbox"/> Denied		

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

Additional information:

HR Director or Designee:

Date:

Superintendent or Designee:

Date: