



SOUTHINGTON PUBLIC SCHOOLS

CERTIFIED STAFF 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:

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

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 & documentation is provided.
- ☐ Situation is NOT specified in my working agreement. The specific cause and information supporting this request is as follows: _____

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 Building Principal and Secretary.

- ☐ 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:

- ☐ Full Pay
☐ Deduct sub pay
☐ Denied

☐ UNPAID

Dates:

Dates:

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

Additional information:

HR Director or Designee:

Date:

Superintendent or Designee:

Date: