

# REQUEST FOR PERSONAL LEAVE

## North Pike School District

### CLASSIFIED STAFF

An employee may elect to use two (2) of the sick leave days per year for personal reasons. This day will be deducted from the employee's accumulated leave. This personal day will be granted only with the approval of the employee's immediate supervisor and only if the leave does not present a hardship to that work area.

- A written request is required and approval should be obtained five (5) days prior to leave.
- Personal leaves are not granted on or before the first day of classes, on or after the last day of classes, or the day preceding or following a holiday.
- After total days of accumulated sick leave have been used, the employee will not receive any pay for days missed.

Leave/absences will be expressed in hours/minutes for classified employees

### CERTIFIED STAFF

- Two (2) days per year are allocated.
- A written request is required and approval should be obtained (5) days prior to leave.
- Personal leaves are not granted on or before the first day of classes, on or after the last day of classes, or the day preceding or following a holiday.
- No more than two (2) personal days may be used in any fourteen (14) day period.
- A maximum of 10 % of a school faculty may be granted personal leave on a given school day.
- Requests may not be approved if such absences on that day would duly disrupt the operation of the school.
- A total of five (5) personal days may be carried over, then any additional unused personal leave day may be carried over to the following year as sick leave.
- Leave/absences will be expressed as follows:
  - Leave less than two hours—leave will be docked at  $\frac{1}{4}$  (.25) of a day.
  - Leave more than two hours but less than four hours—leave will be docked at  $\frac{1}{2}$  (.50) of a day
  - Leave more than four hours but less than six hours—leave will be docked  $\frac{3}{4}$  (.75) of day.
  - Leave greater than six hours—leave will be docked 1 day.

Employee's Name: \_\_\_\_\_ Date of Leave: \_\_\_\_\_

Approximate Time: \_\_\_\_\_:\_\_\_\_\_ to \_\_\_\_\_:\_\_\_\_\_ or \_\_\_\_\_ Full Day

If desired, clearly explain any circumstances which may need to be considered in relation to this request.

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\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_ Approved

\_\_\_\_ Disapproved

\_\_\_\_ Approved

\_\_\_\_ Disapproved

\_\_\_\_\_  
*Superintendent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

Superintendent's Notes: \_\_\_\_\_

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