

PARAPROFESSIONAL PERSONAL DAY REQUEST

Name: _____

Date: _____

I would like to request _____ as a personal day.
Date Requested

Action Requested: _____ Paid _____ Unpaid

Does date requested fall on a day prior to or immediately following a school holiday or vacation? (SUPERINTENDENT APPROVAL ONLY)*** _____ Yes _____ No

Signature

Per the agreement between the Epping School Board and the Epping Education Association, Article VIII, Section 8.2, the request is:

_____ approved _____ not approved

Reason not approved:

_____ No Personal Days

_____ Insufficient notification

_____ Inadequate substitute coverage

Comments: _____

Administrator's Signature _____

Date _____

Office Use Only: SPED Building Coordinator _____ SAU _____ Sub Coordinator _____	<u>OVER</u>
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***Superintendent Approval: Yes _____ No _____

Comment: _____

Superintendent's Signature: _____

Date: _____