

PROFESSIONAL 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 V, Section F Part 3, the request is:

_____ approved _____ not approved

Reason not approved:

_____ No Personal Days

_____ Insufficient notification

_____ Inadequate substitute coverage

_____ Limit reached for days prior to or immediately following a school holiday or vacation

Comments: _____

Administrator's Signature _____

Date _____

OVER

***Superintendent Approval: Yes _____ No _____

Comment: _____

Superintendent's Signature: _____

Date: _____