

DELANO SCHOOL DISTRICT #879

Name: _____ Date: _____

TEACHER PERSONAL LEAVE REQUEST

Date of Intended Leave: _____

I acknowledge and understand that personal leave shall be granted only for important personal business that cannot be attended to during non-duty hours. I hereby certify that the personal leave day I have requested will not be used for any of the following:

1. First or last day of school (pupil contact day);
2. The day preceding or the day following a scheduled school vacation period;

The superintendent may grant exceptions.

TEACHER COMPENSATION LEAVE REQUEST

Date of Intended Leave: _____

All compensation leave **MUST BE** approved by the superintendent if requesting a day preceding or following a scheduled school break.

Signature of Requesting Employee

Approved _____ Disapproved* _____

Supervisor's Signature _____ Date _____

* If the leave request is not approved, the administrator will give the reason for non-approval verbally or in writing.