

PORT JERVIS CITY SCHOOL DISTRICT
Request for Personal Business Leave - Teaching Staff

Name _____ School _____

Date of Filing Request _____

Requests for Personal Business Days must be submitted to the building principal at least two days before the requested leave is to take place. REQUEST FOR PERSONAL BUSINESS LEAVE IMMEDIATELY BEFORE OR IMMEDIATELY FOLLOWING A VACATION OR HOLIDAY WILL NOT BE HONORED, EXCEPT IN EXTENUATING CIRCUMSTANCES, WHEREIN A REASON MUST BE PROVIDED. Two (2) or more consecutive personal days constitutes extenuating circumstances. When a personal day is taken due to an emergency where no prior request for leave time is possible, the teacher must complete this form, including the reason for personal leave day, upon returning to work. Personal Business Leave must always conform to the need for the proper operation of the schools' program. The Principal's or Supervisor's judgment of the effect of such leave on the program of his school will be most important in the determination to grant or not to grant it. Depending on number of days contributed to Sick Leave Bank, up to three (3) days of Sick Leave may be used for Personal Business Days each year. The nature of an absence classified as Personal Business need not be disclosed by the staff member, except in the case of extenuating circumstances or emergency requests.

Criteria

Teachers shall be authorized to use personal leave only to conduct personal business that cannot be scheduled during non-school hours.

Reasons for Personal Leave Days shall not include the following:

1. Recreational or leisure activities
2. Shopping
3. Pursuit of what could normally be construed as gainful employment or profit-making endeavors
4. Vacations
5. Extending school vacations or other days on which school is not scheduled on the school calendar

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In compliance with the criteria stated above, I request Personal Business Leave on

_____ (Date of Leave)	_____ (Teacher's Signature)
* * * * *	* * * * *

PRINCIPAL'S RECOMMENDATION: In my judgment, the above request
_____ SHOULD _____ SHOULD NOT be approved.

Signed _____
(Principal or Supervisor)

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SUPERINTENDENT'S DECISION: _____ APPROVED _____ DISAPPROVED

Signed _____
(Superintendent of Schools)

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EXTENUATING CIRCUMSTANCES:

Attach a separate sheet for special Personal Business Leave requests or emergency personal leave time only. Personal Business Leave for extenuating circumstances will be at the sole discretion of the Superintendent.