



CERTIFICATED REQUEST FOR PERSONAL LEAVE

- A. Personal Leave Requirements
- Personal leave is authorized for urgent personal business which cannot be scheduled outside regular school hours. Urgent personal business does not include recreation, shopping, seeking employment, other employment, pleasure trips, accompanying someone on a business or pleasure trip, extending a holiday or vacation, or other similar activities.
  - The Superintendent, or his/her designee, shall grant up to three (3) days personal leave yearly to all full-time professional employees. Staff members teaching half time shall be granted up to three (3) half-days personal leave.
  - Personal leave taken on Fridays or any day during the month of May requires a specific reason and administrative approval.
  - Written requests should be forwarded to the Superintendent at least forty-eight (48) hours prior to such leave when possible.
  - Personal leave shall be applied uniformly.
  - Personal leave is not intended to extend vacations or holidays. If the professional employee has urgent personal business, as defined above, it shall be treated the same on these days (days immediately preceding or following a vacation or a holiday) as any regular workday.
- B. FAMILY MEDICAL LEAVE ACT - If sick leave is exhausted for the FMLA, employees must use personal days.
- C. If personal leave is improperly used for any of the reasons listed above, the individual may be suspended or terminated, in accordance with Section 3319.16 of the Ohio Revised Code.
- D. For appeal procedure, see Section 8.0102E of Master Contract.

|   |   |
|---|---|
| School(s) _____   | Today's Date _____  |
| I hereby request _____ day(s) personal leave on _____   |   |
| (MON./TUES./WED./THURS./FRI.)   |   |
| _____, _____  | _____   |
| (Month and Day)   | (Year)  |
| Reason, if required ( <u>only required for Fridays or any day in the Month of May</u> ): _____                  |   |
| _____   |   |
| I hereby declare that the information stated above is true and accurate to the best of my knowledge and belief. |   |
| Please print full name _____  |   |
| Signature of professional employee _____  |   |
| _____   | <input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommended |
| Signature of Supervisor   | Reason: _____   |
|   | <input type="checkbox"/> Xerox copy to applicant                            |

FOR OFFICE USE ONLY - Days Previously Approved: \_\_\_\_\_

Approved at no loss of pay       Approved at loss of pay       Not approved, reason as follows:

SEND ALL COPIES TO HUMAN RESOURCES

To be distributed as follows:

|                     |  |
|---------------------|--|
| Certificated Person |  |
| Treasurer           | Assistant Superintendent for Human Resources |
| Personnel File Copy |  |
| Principal (Gold)    | Date: _____                                  |