

VALLEY VIEW COMMUNITY UNIT SCHOOL DISTRICT 365U
HUMAN RESOURCES DIVISION

PERSONAL LEAVE REQUEST FORM

Each full time employee shall be allowed one (1) day paid personal leave for every sixty (60) days contracted to work.

Personal leave that is not used will be credited to cumulative sick leave.

Personal leave may be taken for one of the following reasons:

PLEASE CIRCLE THE APPLICABLE REASON FOR THIS PERSONAL LEAVE.

- A. Doctor or dentist appointment that cannot be scheduled at any other time.
- B. Closing a home mortgage.
- C. Attorney appointments, tax audits, court hearings that cannot be set except during working hours.
- D. Funerals other than for family (which are covered under Bereavement leave policy).
- E. An emergency, or business over which the employee has no control and requires his/her immediate attention.

I request personal leave of _____ days on _____
NUMBER MONTH DAY YEAR

If you are requesting 1/2 day personal leave, please indicate _____ or _____
AM PM

Please designate time for 1/2 days _____ to _____.

Employee requesting leave _____
SIGNATURE

PRINT NAME

SCHOOL SUBJECT/GRADE

ADMINISTRATOR/SITE SUPERVISOR SIGNATURE DATE

Job Number: _____ Copy to: Employee
Administrator/Director
Personnel/Payroll Dept.