



PERSONAL DAY/VACATION/BEREAVEMENT DAY LEAVE FORM

Effective 9/1/23

Name: _____

Assigned Building/Location: _____

Position: _____

PERSONAL LEAVE

Type of Day: ___ Personal ___ Emergency Personal ___ Personal Day Requiring Supt. Waiver (MEEA)

Requested Dates of Leave: _____

Reason for the Leave: _____

VACATION LEAVE (12 Month Employees Only)

Requested Dates of Leave: _____

BEREAVEMENT LEAVE

Documentation must be submitted

Requested Dates of Leave: _____

Name of Deceased and Relationship: _____

Employee's Signature: _____

Date: _____

Immediate Supervisor's Signature: _____

Date: _____

Personal Day Requiring Superintendent Waiver (MEEA Only)

The Superintendent, at their discretion, may waive all personal day restrictions and authorize the use of personal day under certain circumstances. **Must be signed by an immediate supervisor and have proper documentation attached prior to being submitted.**

Approved: Yes / No

Rationale If No: _____

Superintendent's Signature: _____

Date: _____

The district will follow guidelines outlined in each collective negotiations agreement, handbook, or contract approved by the Executive County Superintendent. A copy of this form will be placed in your personnel file.