

Montclair Board of Education

Personal/Emergency Leave Request Form

Forward 2 copies to _____

Last Name: _____ First: _____ School: _____

I hereby request _____ day(s) of absence from my duties.

Date(s) of absence(s): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

This absence is requested (check one): With pay Without pay

If requested with pay, credit this time to the following checked category:

1. Illness in the immediate family. 3-5 days
Indicate relationship: _____

2. Death in the family. 5 days max.
Indicate relationship: _____

* " Personal Day - approved - Reason **must** be given below: 2 days max.

* 4. Personal Day - no reason. 2 days max.

*)" Earned Bonus Day - 1 day max.

* 6. Other (i.e., Credit Day)

These Require Prior Approval Otherwise Loss of Pay Could Result.

Personal days #3 and 4 may not be used on the working day prior to or following a vacation or holiday on the employee's calendar. Short term leaves, vacations, and absences are credited in 1/2 day increments. Working less than 1/4 of the contractual day gives no credit and a full day is recorded. After 1/4 of the day is worked, a 1/2 day's leave will be charged to the approved category.

_____ Approval Recommended: Signature: _____
(Principal/Supervisor)

_____ Approval Not Recommended: Date: _____/_____/_____
.....

Personnel Office Only:

_____ Approved Signature: _____

_____ Disapproved Date: _____/_____/_____

Comments: