

____ Employee Number _____ Last Name _____ First Name _____ MI

____ Signature _____ Building Location(s)

CLASSIFIED PERSONAL – DOCK DAY – SENIORITY – LEAVE REQUEST FORM

See contract language for full details. All requests must be submitted in advance except in emergency situations.

Personal Leave – no reason required – circle one

EC Screener Child Nutrition CS Coord CS Programmer Interpreter Para Other

Personal Leave – ES approval required – circle one

B & G Comm Ed Misc-12 mo Secretary Tech Spec Other

I will be absent on:

PERSONAL LEAVE Up to 3 per school year.		SENIORITY DAY 8 year seniority day (Interpreters ONLY)		DOCK DAY (without pay) The Principal/Supervisor/Director may approve up to a maximum 5 dock days per school year	
Date	Hours	Date	Hours	Date	Hours
Date	Hours			Date	Hours
Date	Hours			Date	Hours
Reason for request	_____	10 year seniority day (Para, Child Nutrition & Ed Supp Prof ONLY)		Date	Hours
_____	_____			Date	Hours
_____	_____	Date	Hours	Date	Hours

____ Approved _____

____ Not Approved _____ Principal/Supervisor/Director Signature _____ Date

**FORWARD IMMEDIATELY TO THE EMPLOYEE SERVICES DEPARTMENT, ESC FOR FINAL APPROVAL
QUESTIONS? – CONTACT ANDREA SCHULTD, 506-1098** (Notification will **ONLY** be sent for requests **NOT** approved.)