

APPENDIX 9
Maple Heights City Schools
PERSONAL LEAVE
REQUEST FORM

Date: _____

Employee's Name: _____

Date(s) of requested leave: _____ School: _____

Amount of requested leave: quarter (1/4) day _____

half (1/2) day _____

full (1) day _____

I CERTIFY THAT THIS PERSONAL LEAVE IS NOT BEING USED IN VIOLATION OF THE MASTER AGREEMENT, SECTION 7.06, PERSONAL LEAVE.

If this form is being submitted after the leave because it was for an emergency, Please state the nature of the emergency and attach any relevant documentation.

Employee's signature: _____ Date: _____

Approved

Not Approved

Principal

Approved

Not Approved

Superintendent

ADMINISTRATIVE USE ONLY:

Substitute Needed

Yes

No

Substitute Approved

Yes

No