

NEOGA COMMUNITY UNIT SCHOOL DISTRICT #3

Today's Date _____

Signature/Print Name _____

☐ Personal Day ☐ Professional Day ☐ Vacation Day (12-MONTH EMPLOYEES ONLY)

☐ Sick Day – Reason (Check One):

☐ Personal Illness or Dr. Appointment

☐ Illness or Dr. Appointment for Immediate Family (*spouse, children, parents, grandchildren, grandparents, parents-in-law, son-in-law, daughter-in-law, brothers, sisters, brothers-in-law, sisters-in-law, step-parents, and legal guardians*);

☐ Bereavement

Make arrangements for/attend funeral of immediate family/spouse's immediate family

Date(s) Requested/Absent _____

SICK DAY FUNERAL (NON-IMMEDIATE FAMILY) REQUEST

At the discretion of the Superintendent, employees can be allowed to use sick days for funerals other than those in the immediate family.

PERSONAL DAY REQUEST

Employees must submit their request for approval or denial, in writing, to their immediate supervisor, at least two (2) days prior to the use of the personal day when possible. The use of personal days shall not be permitted on the day before or the day after holidays or vacation days or in conjunction with any holidays or vacation days, or on institute days, workshop days, or during the first two (2) weeks or last two (2) weeks of the school term. No more than two (2) teachers per building may be granted personal days on the same day.

PROFESSIONAL MEETING LEAVE REQUEST

Meeting _____

Meeting Place _____

Estimated Expenses:

Auto _____ miles at _____ Total \$ _____ Meals _____ Total
\$ _____ Motel/Hotel _____ nights at _____ Total \$ _____ Other
_____ Total \$ _____ Total Estimated Expenses \$ _____

Comments: _____

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Approved ☐

Denied ☐

Date _____

Signature of Principal _____

Approved ☐

Denied ☐

Date _____

Signature of Superintendent _____