

VINELAND SCHOOL DISTRICT

Request for Time Off

Request must be submitted 3 days (Certificated) 5 days (Classified) in advance

Name: _____ Date: _____

School/Department: _____ Grade/Position: _____

Date(s) Requested: _____

Type of Absence

Personal Necessity (10 days maximum Certificated- 7 days maximum Classified - deducted from sick leave) Reason: _____

Personal Business (2 days of personal business leave are available as part of Personal Necessity days covered under Board Policy 8213.3) Reason: _____ (Note. No reason to be given if request is submitted 3 days (Certificated) 5 days (Classified) in advance)

Own Time (warrant will be docked) Reason: _____

Personal Business Leave

By signing below, I also certify that this personal business leave is not for professional advancement, personal gain, extension of a holiday or vacation period, participation in a work stoppage, or any withholding of services from the district.

Employee Signature _____ Date _____

Substitute needed: Yes No Approved Denied Reason _____

Signature of Principal/Supervisor _____ Date _____

FOR DISTRICT OFFICE USE

Personnel Necessity Leave Remaining Prior to the Request _____
Personnel Business Leave Remaining Prior to the Request _____

Approved Denied Reason _____

Signature of Human Resources _____ Date _____