

CARTHAGE INDEPENDENT SCHOOL DISTRICT
Request for Personal Day(s)

Employee: _____ Campus: _____ Employee #: _____

Dates Requested: _____ / _____
From Through

Total Number of Days Requested: LOCAL: _____ STATE: _____

Requirements for taking Personal Business:

1. No more than 2 consecutive days may be taken.
2. Request must be submitted to the Principal **3 days in advance** of the anticipated absence.
3. Discretionary personal leave shall be granted on a first come, first serve basis.
4. Personal Business Days may only be taken before or after a Holiday with your Principal's approval. The request will be forwarded to the Superintendent's Office for final approval. A note must be attached with an explanation of your absence.
5. It is imperative that you be in attendance the **final two weeks of school**. Extenuating circumstances must be approved by your Principal and the Superintendent's Office. See DEC LOCAL for Personal Business Day schedule limitations.

Signature of Employee

Date

Signature of Principal

Date

(STATE) Days Available: _____
(Before this request)

(STATE) Days Remaining: _____
(Including this request)

(LOCAL) **Days Available: _____

(LOCAL) Days Remaining: _____

(2nd Job) Days Available: _____

(2nd Job) Days Remaining: _____

() Approved

() Not Approved

Assistant Superintendent

Date

NOTE: PRINCIPAL'S OFFICE PLEASE FORWARD THIS FORM TO JONI LEE AT THE ADMINISTRATION BUILDING.