

Washington County School District
REQUEST FOR PERSONAL LEAVE

Submit form to your principal at least three days prior to the desired date (unless it is an emergency).

Name: _____ Today's Date: _____

School: _____

I understand my professional responsibility in taking this personal leave and certify that it does not violate the following guidelines:

COMPLETE PRIOR TO SUBMITTING TO DISTRICT OFFICE:

Classified - Employees who qualify for and are eligible to participate in the Utah State Retirement System with two or more years of service in the District will be allowed two days per year of personal leave at no cost to them and one day at the cost of a substitute, not to exceed the established District substitute teacher daily rate, whether a substitute is used or not. The District will calculate a part-time employee "day" according to the employee's part-time contract (i.e. a 4-hour per day employee will be allowed 4 hours of personal leave as a "day" for purposes of determining amount or accrual of leave under this paragraph). If one or both no-cost personal leave days are not used in a contract year, an eligible classified employee may carry over a maximum of two no-cost days for use in the following contract year. (Policy 1330.3.3.1.1)

Certified - First-year teachers (certificated employees in the District) will be allowed two days of personal leave each year, with a payroll deduction at the current standard District substitute teacher rate. Beginning with the second year in the District, teachers (certificated employees) will be allowed two days of personal leave at no cost; and two days with a payroll deduction at the current standard District substitute teacher rate. Any subsequent days will be deducted at full loss of pay. If the no-cost personal leave days are not used in a contract year, a certified employee may carry over the no-cost days for use in a subsequent contract year. No more than two no-cost days may be cumulatively carried over from one year to the next. (Policy 1330.3.2.1.1)

- A. I qualify for _____ days of personal leave according to the policy.
B. I have used _____ days for the current school year.
C. I hereby request permission to take _____ day(s) on the following date(s) _____

Current year:

_____ day(s) of leave at no cost (maximum 2 days per employee per year)

_____ day(s) with cost of sub (maximum one classified; two certified)

Carryover Days:

_____ day(s) - (maximum two days per employee) _____ date(s)

Employee Signature

APPROVED: Yes No Reason for not being approved: Is in conflict with established guidelines.
 An acceptable substitute teacher is not available
 Scheduled individual school or district activities require teacher to remain on the job.

Principal Signature: _____ Date: _____

NOTE: For extenuating circumstances beyond the policy provisions, requests are to be made in writing to the Superintendent and attached to this completed form after approval by the Principal.

Superintendent Signature (if required): _____ Date: _____