

Atlantic Community Schools Certified Staff Leave Request

Date Submitted _____

Division II Article 9-Leaves

Paid	Unpaid	
		Sick Leave (Employee) (Section I)
		Serious Illness (Immediate Family) (Section 2A)
		Care of the Dependent Child (Max.-2 Days) (Section 2A)
		Personal Leave * (Section 3D)
		Professional Leave (Conferences, Visitations, Etc.) (Section 3C)
		Death Leave (____ Non-Family ____ Family) (Sections 2B/3A)

Date of Request _____

Reason for Absence: _____

Signature of Employee

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*Note to the employee: Is this request for personal leave day(s) an extension of a holiday?
If so, according to the current master contract you will be deducted accordingly.

_____ Approved _____ Disapproved

Date of response _____ Administrative Signature _____

***Personal Leave Status:** No deduction _____ Cost of Sub _____ Full Deduction _____

DATE _____

CENTRAL OFFICE SIGNATURE _____

