

SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY

4812 W Pfeiffer Rd., Bartonville, IL. 61607

Ph: 309-697-0880 Fax: 309-697-0884

PERSONAL DAY REQUEST FORM

Note: Except in emergencies, you must submit your request in writing no less than 12 hours in advance of the leave. In accordance with the collective bargaining agreement, Article V Leaves, Section 5.3 Personal Days, I am requesting to use personal day(s) as follows:

Name:	School:	Position:
Date(s):	<input type="checkbox"/> AM only <input type="checkbox"/> PM only <input type="checkbox"/> All Day	
Number of days available:	(Current number of days available for use)	
Number of days used:	(Number of days used with this request)	
Number of days remaining:	(Days remaining)	
Are students in attendance on this day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OPTIONAL: List your special request:		
Employee's signature indicates that he/she has reviewed applicable handbook procedures.		
_____ <i>Employee's Signature</i>		_____ <i>Date</i>

***** FOR OFFICE USE ONLY *****	
Date Received:	
<input type="checkbox"/> Approved <input type="checkbox"/> Approved (Special Request) <input type="checkbox"/> Not Approved	
Reason for Denial: <input type="checkbox"/> Number of requests exceeds contract language <input type="checkbox"/> First/Last day of school	
<input type="checkbox"/> Day before/after school holiday, institute, or vacation <input type="checkbox"/> Other:	
_____ <i>Director/Office Manager's Signature</i>	_____ <i>Date</i>
Notification of Employee:	Date: Notified by:
Substitute Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No