

EMPLOYEE PERSONAL LEAVE FORM

Number of day(s) to be used as Personal Leave: _____

Actual date(s) of Personal Leave: _____

Building / Service Area: _____

Position: _____

I hereby certify that I will utilize my Personal Leave day(s) as outlined in the district's Board Policy 4320, Regulation 4320.

Employee Signature / Date

Signature of Principal / Date

Signature of Superintendent / Date