Patric Barbieri
Executive Director

LABBB
Collaborative Programs
Since 1974

***Donna Goodell**, Program Director*
Pre-school, Elementary & Middle Schools

***James Kelly,** Program Director*
High Schools

PERSONAL LEAVE REQUEST FORM

I am requesting personal leave under the terms of the Contract:

Bargaining unit members shall be granted up to three (3) days personal leave with pay for those obligations of a personal nature that cannot be met outside the normal school hours during which the employee has professional responsibilities, but in no event will such days be used for personal recreation or outside occupation. Except in emergency situations, personal days shall not be taken immediately preceding or following a vacation or holiday, except by special permission of the Executive Director. Permission shall not be granted for travel purposes except when unforeseen travel emergencies, such as an airplane strike, make it impossible for the professional staff member to return as scheduled. Written notification to the Executive Director for such personal leave will be made at least seventy-two (72) hours in advance, except in the case of an emergency, in which case notification can be made by phone followed by written notification during or after the absence.

Check one (1) Category:

1. _____ My personal day(s) is for those obligations of a personal nature that cannot be met outside the normal school hours during which I have professional responsibilities. I certify that I am not using this day(s) for personal recreation or outside occupation.

2. _____ My personal day(s) request is for a personal day because of an emergency situation immediately preceding or following a vacation or holiday. I understand that I must obtain the approval of the Executive Director for this day(s).

3. _____ I was not able to submit my personal day(s) request within seventy-two (72) hours in advance of the personal day date because of an emergency. I made notification by phone followed by the written notification during or after the absence and I have attached a copy of said written notification to this form.

Employee Name: _____

Date(s) Requested: _____

_____ _____
EMPLOYEE SIGNATURE DATE

_____ _____
PROGRAM DIRECTOR DATE

_____ _____
EXECUTIVE DIRECTOR DATE

Approved: _____ Denied: _____