

Pre-Approval for Certified Personal Business Leave

This form must be used by employees whose contract or working agreement specifies entitlement to personal business leave days to request personal business leave days. Except in cases of emergency or unavoidable situations, requests **MUST** be submitted to the Building Principal or Immediate Supervisor **FIVE** days in advance of the requested date. Pre-approval must also be signed by Building Principal or employee's supervisor before being submitted to the Superintendent.

Non-union certified personnel whose contract or working agreement specifies entitlement to personal business leave days will follow these same guidelines.

This form is not needed to give notice concerning sick or funeral days. When needing to use sick days, all employees are required to give electronic/verbal notice to the immediate supervisor in order to allow for proper arrangements for a substitute.

The following language in the Basic Agreement Between the North Boone Education Association and North Boone Community Unit School District 200, Article XIII states: "Leave for personal business that must be transacted on a regular school day may be requested up to four days per year (non-cumulative) to be used, if necessary, by half day fractions, with the approval of the building principal. Personal business shall be interpreted to mean business transactions of a nature affecting the individual teacher and family, when necessary. Personal leave requested on the day before or after a school holiday or on the day before the end of the school year, or on the first day of the school year, will be granted only in cases of extreme emergency. For any teacher who has acquired tenure status, no reason need be given for requesting personal business days. Non-tenure teachers shall give notice and reasons for leave to the building principal prior to leave being taken.

Any personal leave days not used for the school year may be accumulated as additional sick leave days beginning with the next ensuing school year, or in the case of retirement after the school year, toward and in addition to other cumulative sick days for purposes of pension and/or retirement matters."

Name: _____ Date: _____

Number of Days Leave: _____ Date(s): _____

Purpose of this leave: _____

Substitute Necessary: _____ Yes _____ No / _____ Full Day _____ Half Day

Substitute's Name: _____

Principal's Recommendation & Signature: _____ Date: _____

_____ Approved w/Compensation _____ Approved w/out Compensation _____ **Not Approved**

Reason for Denial: _____

Superintendent's Recommendation & Signature: _____ Date: _____

_____ Approved _____ **Not Approved**

Reason for Denial: _____