

**Ellwood City Area School District
Ellwood City, Pennsylvania**

REQUEST FOR "PERSONAL" DAY OF LEAVE

THIS REQUEST IS FOR A "PERSONAL" DAY OF LEAVE ONLY AS DEFINED IN THE EMPLOYEE'S AGREEMENT

The undersigned requests a "personal" day of leave be granted on the _____ day of _____ 20 _____

Date of Application _____ Employee's Signature _____

APPROVAL

Approval of the above leave is granted in compliance with the Employee's Agreement.

Date _____ Signature _____

DISAPPROVAL

I cannot approve your request for leave for the following reasons: _____

Date _____ Signature _____