

# CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

## SUPPORT STAFF REQUEST FOR PERSONAL LEAVE

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Except in case of an emergency, Personal Leave requests shall be received by your Supervisor at least five (5) work days prior to the leave date.

Position: \_\_\_\_\_

Assignment (on day(s) of leave): \_\_\_\_\_

I request Personal Leave to be taken on the following day(s):

\_\_\_\_\_

Please indicate: \_\_\_\_\_ Full day \_\_\_\_\_ AM \_\_\_\_\_ PM

Personal leave time shall not be taken on the last work day before or first work day after a Commission holiday. Exceptions, if any, may be made by the Superintendent in his discretion.

I certify that this request is for one of the following reasons in accordance with Policy #4436, Personal Leave: personal legal matters, serious illness in the immediate family, marriage of the employee or member of the immediate family or other personal emergency which cannot be scheduled outside the regular work day. Immediate family is defined as spouse, child, parent, grandparent and grandchild.

Employee Signature: \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
**Administrator**                      **Approved**      **Denied**      **Date**

\*\*\*\*\*

\_\_\_\_\_  
**Approved**                      **Approved**                      **Denied**  
**With Pay**                      **Without Pay**

\_\_\_\_\_  
**Superintendent**                      **Date**