CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

TEACHER 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 school day before or first school day after a Commission holiday or a day in which the assigned school is not in session. 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 the negotiated agreement between CCESC and CCESEA:

- Being under subpoena to appear in a legal proceeding
- Being a party to litigation which is being heard by a Court of Administrative Agency
- Other personal business that cannot be conducted outside the teacher's regular work day

Employee Signature:_____

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_____ _____ _____ _____
Administrator **Approved** **Denied** **Date**

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_____ _____ _____
Approved with Pay **Approved Without Pay** **Denied**

_____ _____
Superintendent **Date**