

**SUBMIT IN DUPLICATE**

**OSSINING UNION FREE SCHOOL DISTRICT**

190 Croton Avenue  
Ossining, New York 10562-4599

**PERSONAL LEAVE FORM**

Date \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

BUILDING \_\_\_\_\_

NO. OF DAYS REQUESTED \_\_\_\_\_

DATES REQUESTED \_\_\_\_\_

**CHECK AND COMPLETE:**

( ) Death \_\_\_\_\_ Relationship \_\_\_\_\_

( ) Urgent Personal Business - (State Reason If Required by Contract)

\_\_\_\_\_  
\_\_\_\_\_

Attach Sheet to Explain Unusual Circumstances.

\_\_\_\_\_  
Signature of Applicant

**APPROVAL OF PRINCIPAL/DIVISION HEAD**

Number of Days Used Current School Year

\_\_\_\_\_ Sick Days                      \_\_\_\_\_ Jury Duty                      ( ) Approved  
\_\_\_\_\_ Family Illness                      \_\_\_\_\_ Personal Days                      ( ) Disapproved  
\_\_\_\_\_ Death in Family                      \_\_\_\_\_ Other

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Division Head

**ACTION BY SUPERINTENDENT (CHECK ONE)**

( ) Approved                      ( ) Full Salary Allowed  
( ) Disapproved                      ( ) Deduction from Salary

Date \_\_\_\_\_

\_\_\_\_\_  
Deputy Superintendent /Designee

**STAFF MEMBERS WHO NEED COVERAGE SHOULD CALL EXT. 313 TO ARRANGE COVERAGE UPON RECEIPT OF AN APPROVED PERSONAL DAY.**