

UPPER CAPE COD REGIONAL TECHNICAL SCHOOL

REQUEST FOR PERSONAL DAY OF ABSENCE

INSTRUCTIONS: This request is to be submitted one (1) week in advance, except in the case of emergency, to the Office of the Superintendent.

NAME: _____

DATE REQUESTED: _____

Is the day you request to be absent five days subsequent to the date on which your request is being filed? YES _____ NO _____ IF NO, WHY? _____

Reason for absence (check one):

_____ Illness in the immediate family

_____ Legal business which is of an urgent basis and which cannot be conducted outside of school hours

_____ Passing of papers on property

_____ Other: _____

Have you been granted other PERSONAL DAYS during the current school year?
YES _____ NO _____ IF YES, HOW MANY? _____

PLEASE NOTE: Personal leave days shall not be granted on the scheduled workday before or after a holiday, vacation period or other leave of absence. Nor shall personal leave days be taken during the first two or last two weeks of school unless an emergency exists.

Date: _____ Signed: _____

YOUR REQUEST TO BE ABSENT FROM YOUR SCHOOL DUTIES FOR PERSONAL REASONS AS INDICATED ABOVE IS _____ IS NOT _____ APPROVED.

DATED: _____ SIGNED: _____

Superintendent