

PERSONAL DAY REQUEST FORM

(FOR BLACKOUT ABSENCE OR MORE THAN TWO CONSECUTIVE PERSONAL DAYS)

Certified Only

Print, sign and submit to your Principal/Supervisor for approval

Name _____, ID number _____, Request to Use _____ hours
of accrued Personal time for the following restricted day(s)/reason (check one):

○ **BLACKOUT DAY CALENDAR:**

- First 5 instructional days of school year
*List Date(s) _____
- First instructional day of the 2nd quarter
- Veterans Day cannot be combined with a personal day(s) to create a four-day weekend
or longer *List Date(s) _____
- Day prior to the Thanksgiving Holiday
- Friday of the Waste Management Open
- First instructional day of the 3rd quarter
- First instructional day of 4th quarter
- Four State mandated assessment testing dates
*List Date(s) _____
- Last 2 instructional days of school year
*List Date(s) _____

○ **REQUIRE MORE THAN TWO (2) CONSECUTIVE PERSONAL DAYS:**

Request for Date(s) _____

If an extraordinary circumstance occurs and an employee requests to take a personal day on a blackout day, or requires more than two (2) consecutive personal days, he/she must submit the Request for Blackout Absence or More Than Two Consecutive Personal Days form to their principal or supervisor ten (10) business days prior to the restricted day. The employee may still submit a request when the ten (10) day notice is not possible. The employee will be docked the daily rate of pay with the possibility of future reimbursement, pending approval.

PERSONAL REASONS:

Employees are strongly encouraged to include as much detailed information as possible, as well as appropriate documentation, while providing an explanation of the extraordinary circumstance requiring your absence on the restricted day(s). This information will be forwarded to Talent Management, substitute vendor at sbaine@kyrene.org to mailstop #13 for processing after principal approval or denial.

Employee Signature: _____ School: _____ Date: _____

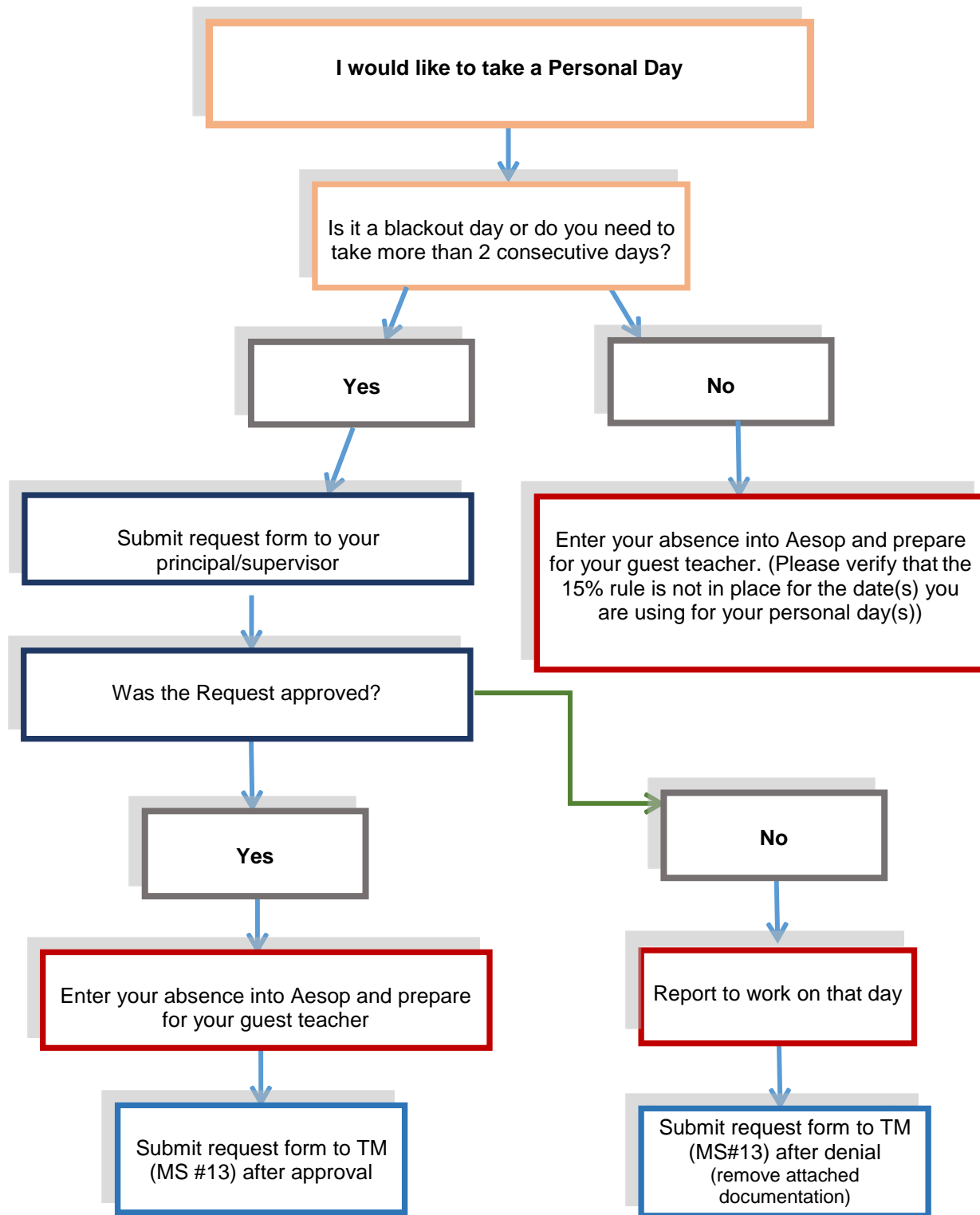
Absence Approved

Absence Denied

Principal/Supervisor Signature: _____ Date: _____

*Reason for absence denial (for Principal/Supervisor use only)

- Absence history
- Prior absences on blackout days (previously known as Restricted ACA)
- Absence creates a hardship at my site during this time due to _____
- 15% personal day cap exceeded for this date



Note: Please refer to the Meet and Confer document for additional information.