

BOARD OF EDUCATION

500 Route 17 South, Suite 307 Hasbrouck Heights New Jersey 07604 (T) 201-393-0475 (F) 201-288-2825 www.njsbjc.org

# of personal days taken:	# of perso	onal days take	n:
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CERTIFICATED STAFF REQUEST FOR PERSONAL LEAVE

Name:			
School:			
Date of Filing Re	equest:		
Date(s) Requeste	ed:		
advance, excep Superintendent. Personal days si	t in an emergency, In such a case, a mor hall be approved imm	in which case re specific explanately precedured	to the Superintendent at least three working days in the three (3) day period may be waived by the anation is required below. ding or following a school holiday, vacation period or e discretion of the Superintendent.
			Staff Member's Signature
Approved	Disapproved	Other	Building Administrator/Supervisor Signature
Comments			
Approved	Disapproved		Superintendent's Signature