

NEW BEDFORD SCHOOL DEPARTMENT

PERSONAL LEAVE FORM FOR LOCAL 641 AFSCME EMPLOYEES

To: IMMEDIATE SUPERVISOR

Date: _____

I am requesting a personal day on _____ as provided in Article XXI, Personal Days.
(Date)

This application must be submitted three (3) working days before the anticipated personal day, unless circumstances for requesting such a day did not permit the three (3) working day notice.

Approved

Not Approved*

(Employee's Name - **Printed**)

(School/Department)

(Immediate Supervisor's Signature)

**If not approved and you wish to appeal this decision, please fill out information below and forward to the Superintendent of Schools.*

To: SUPERINTENDENT OF SCHOOLS

Date: _____

My request for a personal day on _____ has not been approved pursuant to article XXI.
(Date)

I certify that this matter requires my absence on the above date to conduct this business during working hours as permitted under Article XXI.

Approved

Not Approved*

(Employee's Signature)

(Superintendent of Schools)

*Reason for denial _____

