WESTLAKE CITY SCHOOLS
APPLICATION FOR USE OF PERSONAL BUSINESS LEAVE

Employee Name: _____ Today's Date: _____

Building (s): _____ School Year: _____

The undersigned hereby applies for the following personal business leave:

☐ Unrestricted Personal Leave Date (s): _____

Time (s) _____

☐ Restricted Personal Leave* Date (s): _____

Time (s) _____

* Restricted Personal Business Leave must be requested on one or both of the two days immediately preceding or immediately following a school holiday or vacation break, during the first or last two weeks of the school year, or on Fridays or Mondays during May and June. Restricted Personal Business Leave shall be granted only for the reasons listed below. When requesting Restricted Personal Business Leave, the specific reason must be checked.

Reason (must check one): Day (s) of Week: _____

- ☐ Adopt a Child
- ☐ Appear as Litigant or Subpoenaed Witness in Court
- ☐ Transport Child to or from College (2 days per school year)
- ☐ Attend Funeral of Relative or Close Friend (1 day in-state; 2 days out of state)
- ☐ Emergency Transportation Difficulties between Home and School
- ☐ Observe Religious Holiday
- ☐ Attend Graduation of Self, Spouse, or Child
- ☐ Accident in Family or to Family Property
- ☐ Attend Marriage Ceremony of Son, Daughter, Brother, Sister, Mother or Father; or be a Member of Wedding Party of Son- or Daughter-In-Law, Brother- or Sister-In-Law, or Father- or Mother-In-Law
- ☐ Attend a Son's or Daughter's School Related Activity

By signing below, I certify that the above leave is not being used for any type of employment or self-employment for remuneration. I acknowledge that the use of both Unrestricted and Restricted Personal Days will be deducted from my total available personal days. If I use all of my available days and need additional days for either Unrestricted or Restricted days, I will need to apply for unpaid Personal Business Leave. Unpaid leave may be granted with approval of the Superintendent.

Employee's Signature: _____ Total Days Requested: _____

Principal or Supervisor: _____ Date: _____

☐ Approved ☐ Denied _____

☐ Without Pay _____

Superintendent's Signature: _____ Date: _____

Form-01/05