

NEOGA COMMUNITY UNIT SCHOOL DISTRICT #3

Today's Date \_\_\_\_\_

Signature/Print Name \_\_\_\_\_

Personal Day       Professional       Vacation Day (12-MONTH EMPLOYEES ONLY)

Sick Day – Reason (Check One):

- Personal Illness or Dr. Appointment
- Illness or Dr. Appointment for Immediate Family (*spouse, children, parents, grandchildren, grandparents, parents-in-law, son-in-law, daughter-in-law, brothers, sisters, brothers-in-law, sisters-in-law, step-parents, and legal guardians*);
- Funeral

Date(s) Requested/Absent \_\_\_\_\_

**SICK DAY FUNERAL (NON-IMMEDIATE FAMILY) REQUEST**

At the discretion of the Superintendent, employees can be allowed to use sick days for funerals other than those in the immediate family.

**PERSONAL DAY REQUEST**

Employees must submit their request for approval or denial, in writing, to their immediate supervisor, at least two (2) days prior to the use of the personal day when possible. The use of personal days shall not be permitted on the day before or the day after holidays or vacation days or in conjunction with any holidays or vacation days, or on institute days, workshop days, or during the first two (2) weeks or last two (2) weeks of the school term. No more than two (2) teachers per building may be granted personal days on the same day.

**PROFESSIONAL MEETING LEAVE REQUEST**

Meeting \_\_\_\_\_

Meeting Place \_\_\_\_\_

Estimated Expenses:

Auto _____ miles at _____	Total	\$ _____
Meals _____	Total	\$ _____
Motel/Hotel _____ nights at _____	Total	\$ _____
Other _____	Total	\$ _____
Total Estimated Expenses		\$ _____

Comments: \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent