

Ogle County Educational Cooperative

REQUEST FOR PERSONAL DAY - CERTIFIED STAFF

Name: _____ Date: _____

I hereby request a Personal Leave Day on _____

Provisions for Personal Leave Day:

- ◆ Staff receive 2 days per year
- ◆ The day shall not occur before, or the day after any extended weekend or a vacation period, or during the first 5 or last 5 days of student attendance. Only one day may be used in the month of May.
- ◆ Written advance notice of the necessity for the personal leave day shall be submitted as soon as possible but not less than 24 hours in advance.
- ◆ At the end of the school year any unused personal days shall be added to the employee's accumulated sick time provided the employee has not reached the maximum of 180 days. Should the 180 days already have been accumulated, the employee will be reimbursed for any unused personal leave days at a rate consistent with the daily cost of a substitute teacher, or, the employee may elect to bank said unused personal days in personal account. The banked personal days could be used as sick days, at any time, which allows for exceeding the maximum accumulation of sick leave of 195 days.
- ◆ Submit the completed request form, *in duplicate*, to your supervising administrator. One copy will be returned to you.

OFFICE USE ONLY

Receipt by Supervising Administrator:

Signature: _____ Date: _____

Director: Approved Disapproved

Signature: _____ Date: _____