

# Ogle County Educational Cooperative

## REQUEST FOR PERSONAL BUSINESS DAY - NONCERTIFIED

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby request a:

Paid Personal Business Day (date) \_\_\_\_\_

Non-paid Personal Business Day\* (date) \_\_\_\_\_

\*Approval is contingent upon ability to find a substitute aide; Check the day before to see if arrangement for a substitute was possible.

### Provisions for Personal Business Leave Day:

- ◆ Staff are allowed to use one of their allocated sick days each year for use as a paid personal leave day.
- ◆ 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.
- ◆ Approval for the personal day is contingent upon the ability to staff the position in your absence.
- ◆ 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.
- ◆ Submit the completed request form, *in duplicate*, to your supervising administrator. One copy will be returned to you.
- ◆ Any non-paid days will be granted only in the case of an emergency. The emergency situation will be reviewed by the Director in considering granting approval for the request. Please note that vacations, out-of-town trips, etc. are not emergencies. Reason for non-paid absence:  
\_\_\_\_\_

---

---

---

---

---

### OFFICE USE ONLY

Receipt by Supervising Administrator:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director: Approved

Disapproved

Signature: \_\_\_\_\_

Date: \_\_\_\_\_