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| **94 Battistoni Drive**  **Winsted, CT 06098**  **Tel: (860) 379-8583**  **Fax: (860) 379-3498** |  | **Quentin H. Rueckert**  **Executive Director**  **Daniela Belanger**  **Assistant Director** |

**PERSONAL DAY REQUEST**

Please give 48 hours’ notice unless an emergency

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Assignment (School) on day(s) requested: |  | |
| Date(s):  **(Specify hours if less than full day)** |  | |
| ***All Staff***: Discuss w/Principal or Building Administrator – before submitting to Shared Services |  |  |
|  | Principal’s/Administrator’s Signature | Date |
| ***Non-Certified Staff***: Must also Discuss w/Supervisor before submitting to Shared Services |  |  |
|  | Supervisor’s Signature | Date |

**Reason if immediately before or after a holiday or school vacation:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date: |  | Signature:  (Person Making Request) |

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| Also please notify main office of scheduled personal day and name of substitute (if needed) |

(For Office use)

|  |  |  |  |
| --- | --- | --- | --- |
| Approved |  | Denied |  |

|  |  |
| --- | --- |
| Reason if denied: |  |
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| --- | --- | --- | --- |
| Date: |  | Signed: |  |
|  | | | Director |