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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:**

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| --- | --- | --- |
|       |  |       |
| 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)

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| Approved | [ ]  | Denied | [ ]  |

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