



EDUCATORS' ASSOCIATION

PERSONAL BUSINESS DAYS REQUEST FORM

In accordance with ARTICLE 9 of the Agreement between the Wayne-Finger Lakes Educators' Association and the Board of Cooperative Educational Services...

1. Each teacher is to be granted two (2) days per year, non-cumulative, for personal business, which requires absence during the school day. Such leave shall be available for reasons of hardship or personal need and not for recreation.
2. Each year any unused personal business leave will be credited to cumulative sick leave.
3. If a personal business leave day is requested to be taken within two days prior to or after a vacation or school holiday, the specific reason in writing shall be submitted to the Director of Human Resources who, in his/her discretion, may approve or deny the request.
4. Applications for personal leave shall be submitted on forms provided by Human Resources at least two (2) days before the intended date of the leave. No reason for the leave shall be required, except as noted in Point 3 above.
5. There shall be one personal leave day in addition which may be used at any time without prior written approval. This will not be added to accumulated time, and it will not be taken the day before or after a vacation or holiday. This provision applies to Group I unit members only.

Employee Name:		Date of Request:	
Site/Department:		Is this an emergency requiring less than two (2) days notice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Day(s) Requested:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Specific Date(s):			
Employee Signature:			Date:
Reviewed/ Approved By:			Date:
If applying for leave to be used within two (2) days prior to or after a vacation or school holiday, state specific reason for which leave is requested:			
AUTHORIZATION BY DIRECTOR OF HUMAN RESOURCES			
<input type="checkbox"/> Approved Paid <i>(maximum days available as determined by Payroll)</i>		<input type="checkbox"/> Approved Unpaid <i>(any additional requested days)</i>	<input type="checkbox"/> Denied
Signature of Director of HR			Date: