



PARAPROFESSIONAL REQUEST FORM
PERSONAL/EMERGENCY DAY LEAVE

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

School: \_\_\_\_\_

Date of Filing Request: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

REQUEST FOR PERSONAL/EMERGENCY DAY LEAVE OR RELIGIOUS HOLIDAY
(one day is provided)

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal/Emergency Day leaves are for family emergency situations that require your absence. One day is provided for this purpose.

Requests must be made in writing to the Superintendent at least five working days in advance, except in an emergency, in which case the five (5) day period may be waived by the Superintendent. In such a case, a more specific explanation is required below.

The Personal/Emergency Day shall be approved immediately preceding or following a school holiday, vacation period or weekend only under emergency circumstances at the discretion of the Superintendent.

\_\_\_\_\_  
Teacher Aide Signature

Approved \_\_\_\_ Disapproved \_\_\_\_ Other \_\_\_\_ \_\_\_\_\_

Building Administrator/Supervisor Signature

Comments \_\_\_\_\_

Approved \_\_\_\_ Disapproved \_\_\_\_  
\_\_\_\_\_

Superintendent's Signature