

MT. HEALTHY CITY SCHOOLS

PERSONAL LEAVE NOTIFICATION

Date: _____

To: The Superintendent

This is to notify you of my intent to use _____
(Number of days / ¼ day / ½ day)

of personal leave on the following dates: _____

I certify that this personal leave is being used to attend to personal business and/or activity/activities which cannot be handled beyond the member workday.

Signature of Employee

Printed Name

School/Building