

MT. HEALTHY CITY SCHOOLS

Emergency Personal Leave Application

Date: _____

To: The Superintendent

This is to request emergency personal leave of _____
(Number of days / $\frac{1}{4}$ day / $\frac{1}{2}$ day)

for the following date(s): _____

The reason(s) is(are) listed as follows: _____

Signature of Employee

Printed Name

School/Building