

CLEVELAND CITY SCHOOLS
Intent to Take Personal Leave

Employee Name: _____

School Name: _____

Date of Notice: _____ Date(s) of Personal Leave: _____

1. Does this date fall within a prior established student examination period? _____

2. Does this date immediately precede or follow a holiday or vacation period? _____

3. Does this date fall on a staff development, inservice, or parent conference day? _____

4. Does this date fall within the first or last 10 days of school? _____

5. If your answer to 1, 2, 3, or 4 is YES, please state your reason for requested personal leave:

Employee's Signature

(Date)

PRINCIPAL

Have more than 10% of the teachers in your school requested leave for this day? _____

Principal's Signature

(Date)

Director's Signature (Required if answer to question 2, 3, or 4 is yes)

(Date)