

Westville Public Schools  
Sick Leave, Personal Business, Emergency Leave  
Or Professional /School Business Leave

Each certified and non-certified 10 month employee will be provided ten (10) days sick leave, three (3) days personal business leave, and three (3) days emergency leave. Each certified and non-certified 12 month employee will be provided twelve (12) days sick leave, three (3) days personal business leave, three (3) days emergency leave, and 12 vacation days.

**Sick Leave - (S/L)** leave because of personal accidental injury, illness or pregnancy, or injury, illness or death in the immediate family.

**Personal Business Leave - (P/B)** leave because of personal business matters that cannot be conducted before or after school hours or on weekends.

**Emergency Leave - (E/L)** leave because of a situation or occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate attention. Funerals will also be included in this leave.

**Professional or School Business Leave - (Pro/B)** leave approved by the administration for attendance at meetings of a professional nature which contributes to the basic function of the employee's assignment.

**Vacation Leave - (V/L)** 12 month employees shall earn one (1) day for each month worked. All accrued vacation time during a current school year not taken by August 1 will be paid at the rate of \$51.00 per day.

If it is necessary for an employee to take more leave than is provided by sick leave, the employee may take up to twenty (20) days of leave and pay the cost of a substitute teacher. After this leave has been exhausted, one (1) day of their salary shall be deducted for each day of absence.

If it is necessary for an employee to take more leave than is provided by personal business leave, emergency leave or vacation, one (1) day of salary shall be deducted for each day of absence.

**Request for all types of leave (as described above)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Types of leave: S/L=Sick leave P/B= Personal Business E/L= Emergency Professional Business=Pro/B V/L= Vacation  
Full or

Date	Type of Leave	Time in/out	Substitute	Reason for Leave
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

By my signature I certify that the above statement is true and accurate and does comply with the school policy.

\_\_\_\_\_  
**Signature of Principal or Supervisor**      **Date**

By my signature I certify that the above approved leave does comply with the school policy.

**Approved**

**Disapproved**

Complete Policy Book can be found at <http://policy.ctspublish.com/westville-ossba>

**Must have Superintendent's approval before making any changes to this form**

form sb 8/11