

APPROVED BY:

(Principal)

(Date)

BUCKEYE VALLEY LOCAL SCHOOL DISTRICT

679 Coover Road

Delaware, Ohio 43015

CERTIFICATED

PERSONAL LEAVE NOTIFICATION

Name: _____ Date: _____
(Type or Print)

Assigned Building or Area: _____

Date(s) Will Be Absent: _____

The intent of Personal Leave is to provide each employee with time off from regular duties, with pay.

Signed: _____

Signed: _____
Superintendent or Designee

Date: _____

Please submit at least three (3) work days prior to date(s) of requested leave.

Copies: Employee
Principal
Treasurer

Form Revised: 9/91