

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 within the last 10 days of school? _____
4. If your answer to 1, 2, or 3 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 or 3 is yes) (Date)