

**JEFFERSON COUNTY NORTH USD 339
CERTIFIED LEAVE REQUEST**

Date of Request: _____ Time: From _____ to _____

Name: _____ School: _____ Date of Leave: _____

Type of Leave: Sick _____ Vacation _____ Staff Development Meeting * _____

Personal** _____ *** Comp Time _____ Other (explain) _____

** Request to attend an Out-of-District meeting must be filled out and approved, prior to filling out leave request.*

NEGOTIATED AGREEMENT

**A certified employee shall be granted five (5) days (40 hours) personal leave per year. The following conditions shall govern the granting of personal leave days:

1. Personal leave days can be accumulated to five (5) days (40 hours).
2. Requests for personal leave shall be filed with the building principal at least five (5) days in advance of the anticipated leave date.
3. The availability of acceptable substitute arrangements.
4. The building principal shall acknowledge the request and forward it to the Superintendent.
5. No more than two (2) teachers per building and no more than four (4) teachers from the entire district will be granted personal leave on any one school day.
6. Personal leave days will be taken in minimum of one hour segments.
7. Personal leave will not be granted during the last week of the school year, on any regularly scheduled district staff development day, on days set aside for parent-teacher conferences and on the day immediately preceding or the day following a scheduled school holiday.
8. The Superintendent is granted the discretion to exceed the limitations placed on personal leave.

Further provided, that at the end of a contract year each employee will be compensated at the current rate of substitute pay (one school assignment) per day (8 hours) of unused personal leave that the teacher does not wish to carry over for the next year.

**** Comp Time must be arranged in advance and must be subject to approval by supervisor*

Principal's Approval _____ Date _____

Superintendent's Approval _____ Date _____

Leave Denied _____ Date _____

SUBSTITUTE TEACHER REPORT

Substitute's Name _____ SSN _____

Address _____

Signature of Substitute _____ Time In: _____ Time Out: _____