

Bethany School  
Application for **PERSONAL** Leave  
**\*Teachers are responsible for finding their own coverage**

Name \_\_\_\_\_ Position \_\_\_\_\_

Number of **PERSONAL** days requested \_\_\_\_\_

Actual **day**(s) of absence(s) Please circle: M T W TH F

Actual **date**(s) of absence(s) \_\_\_\_\_

For partial days, please include actual hours of absence: From \_\_\_\_\_ to \_\_\_\_\_

Faculty school hours are: Monday and Tuesday 7:45 a.m. - 4:00 p.m.

Wednesday, Thursday & Friday 7:45 a.m. - 3:15 a.m.

Leave is assessed as follows: Up to 2 hours - 1/4 day      2 hours to 4 hours - 1/2 day  
4 hours to 6 hours - 3/4 day      6 hours or more - 1 day

Is a substitute needed in your absence? Yes \_\_\_ No \_\_\_

For partial days list all classes, duties, and times for which coverage is needed. Teachers must make arrangements for their duties.

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The time indicated above is hereby requested due to the following circumstance:

- To transact personal business  
 To attend the funeral of a non-family member  
 Vacation that cannot be planned for scheduled school breaks  
 Other emergency

Explain: \_\_\_\_\_

*I understand that a total of 3 days personal leave is available to me to be used for business that cannot be transacted out of school hours. If necessary, I can apply for up to 5 additional days of personal leave in a school year to be taken without pay. At no time will personal leave in excess of 8 days be considered. Requests for leave must be submitted 10 days in advance. No personal time can be used after May 10th.*

To date, I have used \_\_\_\_\_ personal days in the current school year.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Head of School

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date approved

Please return this form to David Gould. A copy will be returned to you upon approval.

\_\_\_\_\_ copied \_\_\_\_\_ calendar \_\_\_\_\_ computer \_\_\_\_\_ substitute \_\_\_\_\_