



RADNOR TOWNSHIP SCHOOL DISTRICT
PERSONAL LEAVE DAY APPLICATION

Is this a revision of a previously submitted application? **Yes** **No**
*If "Yes" See Notes Below

LAST NAME _____ FIRST NAME _____

POSITION _____ BLDG/DEPT _____

Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Full Day	Full Day	Full Day	Full Day	Full Day
Half Day	Half Day	Half Day	Half Day	Half Day
____ A.M./ ____ P.M.	____ A.M./ ____ P.M.	____ A.M./ ____ P.M.	____ A.M./ ____ P.M.	____ A.M./ ____ P.M.

NOTES:

- If you are employed part-time and will be absent for all of your scheduled hours on the requested day, your absence is considered to be for the full day, regardless of the number of hours.
- Personal leave usage will be granted in accordance with contractual language for the applicable bargaining unit. Please check your contract for allowable usage. **
- Requests to rescind a personal day must be done in writing and forwarded to the Human Resources Office.
- To change a personal day, a written request to change must be attached to a new approved personal leave day application and forwarded to the Human Resources Office.

**** Reason (if exception is requested of the superintendent):** _____

Signature of Applicant _____ Date _____

Submit signed application form to your principal/supervisor for approval. Principal/supervisor will sign and submit form to the Human Resources Office for validation and signature. Copies (electronic or hard copy) will be distributed to you, your principal/supervisor, and the payroll department with all required signatures.

PRINCIPAL/SUPERVISOR:

Comments: _____

Supported Not Supported Signature _____ Date _____

DIRECTOR OF HUMAN RESOURCES OR SUPERINTENDENT:

Comments: _____

Approved _____ Approved w/o Pay _____ Not Approved _____

Signature _____ Date _____

HUMAN RESOURCES OFFICE: Recorded Distributed