

SEAFORD UNION FREE SCHOOL DISTRICT

PERSONAL/BEREAVEMENT LEAVE FORM (Teaching Staff)

Called for Sub _____

Name: _____

School: _____

PART I

(To be completed by teacher requesting personal leave and submitted at least one day in advance of requested date.)

I certify that my request for leave day(s) on _____
Is due to the reason listed below:

_____ Date(s)

1. _____

Legal

2. _____

Personal Matter

3. _____

Religious Purposes

4. _____

Bereavement

_____ Member of Immediate Family

_____ Relative

Teacher's Signature

Date

PART II

(To be completed by the Principal)

Will a substitute be required? _____

Please contact Teachers' Registry if substitute is needed.

Principal's Signature

Date