Bourne Public Schools 36 Sandwich Road Bourne, MA 02532 508.759.0660 508.759.1107 (fax)

Request for Single Personal Day of Absence

Can only be utilized once in a school year per CBA

INSTRUCTIONS: This form is to be submitted electronically to the Superintendent.

Name:		
School:	-	
Date Requested:	Full:	Half:
Are the dates you request to be absent seven days sub- filed? Yes No	sequent to th	ne date on which your request is being
Reason for Personal Day: (please check one)		
Imperative personal legal business		
Imperative household matters		
Imperative family matters		
Have you been granted other Personal Days during the If yes, how many?	e current sch	nool year? 🗌 Yes 🗌 No
Signature of Employee	-]	Date
******	******	******
Your request to be absent from your school duties for Approved Not Approved.	Personal Re	easons as indicated above is:

Superintendent

Date

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