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 Principal.

Name:		
School:	_	
Date Requested:	Full:	Half:
Are the dates you request to be absent seven days sulfiled? Yes No	bsequent to th	e 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?	he current sch	ool year? 🗌 Yes 🗌 No
Signature of Employee	– I	Date
*******	*****	*****
Your request to be absent from your school duties fo Approved Not Approved.	r Personal Rea	asons as indicated above is:

Principal

Date

