

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

Request for Personal Day of Absence

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 subsequent to the date on which your request is being filed? Yes No

Reason for Personal Day (imperative personal, legal, household business or family matters) must be given.

Have you been granted other Personal Days during the current school year? Yes No
If yes, how many? _____

Signature of Employee

Date

Your request to be absent from your school duties for Personal Reasons as indicated above is:
 Approved Not Approved.

Principal

Date

Authorization Code:

