

CERTIFICATED BARGAINING UNIT

Personal Necessity Form

If personal necessity days are taken on non-student, teacher workdays or more than two (2) days are used consecutively, verification is required by completing the form below. Personal necessity days may not be used for routine personal activities or to extend a vacation.

Name (Please Print)

Site

Please provide verification for personal necessity days used on _____

PN1 Leave in addition to bereavement for the death of a member of the immediate family. Identify family member and provide explanation. _____

Serious illness or surgery involving a member of the immediate family. Identify family member and provide explanation. _____

Accident involving employee's person or property or the person or property of a member of employee's immediate family. Identify family member and provide explanation. _____

PN2 A situation that is serious in nature and cannot be disregarded and/or dealt with during the unit member's non-work hours.
Provide explanation _____

My signature indicates that the personal necessity day(s) listed above are in compliance with contract language specified for use of Personal Necessity Leave.

Employee's Signature

Date

Site Administrator's Signature

Date