



PROFESSIONAL STAFF
TIFFIN CITY SCHOOLS
PERSONAL LEAVE (PL) REQUEST

Each full-time teacher will be granted three (3) days of personal leave per year with no loss of compensation. Requests must be submitted in writing to the building principal or supervisor one (1) week in advance of the desired date for approval of personal leave. The principal or supervisor has authority to approve the request consistent with the provisions of Article IV, Section C of the Collective Bargaining Agreement. Except as otherwise provided in the immediately following paragraphs, approval will not be withheld. In an emergency where advanced written notice is not possible, the teacher shall immediately telephone and notify the administrator of the need and reason to request emergency personal leave, which will be charged against personal leave, if available, or treated as a dock day under Article IV, Section G of the Collective Bargaining Agreement.

Requests for personal days may be made for any contracted day of the school year with the following exceptions with respect to which a personal day may be taken only with approval of the principal or supervisor:

1. First and last day of school for students
2. Parent/teacher conference days
3. Teacher meeting workdays
4. The regularly scheduled workday immediately preceding and the regularly scheduled workday immediately following a holiday or break period (e.g., the winter and spring break) in the school calendar.
5. The above exceptions will not be applied in the event of a declared Level 3 emergency that precludes the teacher from getting to work or comparable natural disaster.

Requests for personal days August through April will be approved up to a daily maximum of fifteen percent (15%) of a building staff [minimum of two (2)]. Requests for personal days in May will be approved up to a daily maximum of five percent (5%) of a building staff [at least one (1) per building]. Requests will be honored on a first come, first served basis.

NAME _____

SCHOOL _____

DATE TO BE ABSENT _____

DATE THIS FORM COMPLETED _____

APPLICANT'S SIGNATURE _____

PRINCIPAL/SUPERVISOR'S SIGNATURE _____