



PERSONAL DAYS

STAFF MEMBERS WHO NEED TO USE A PERSONAL LEAVE DAY ARE REQUESTED TO COMPLETE THIS FORM AND PRESENT IT TO THE BUILDING PRINCIPAL IF THEY ARE ASSIGNED TO A BUILDING AND IF NOT TO THE DIRECTOR OF WILLIAMSON COUNTY SPECIAL EDUCATION DISTRICT.

DATE: _____

NAME OF
EMPLOYEE: _____

DATE OF REQUESTED LEAVE: _____

ALL DAY ☐ ½ DAY A.M. ☐ ½ DAY P.M. ☐

WILL A SUBSTITUTE TEACHER BE REQUESTED? YES ☐ NO ☐

PURPOSE (OPTIONAL):

Employee Signature

APPROVED BY
PRINCIPAL: _____

DENIED: _____

REASON: _____

SIGNED: _____

Director/Spec. Ed. Coordinator

This form must be sent to Kristen Bayer **after approved by the building principal.**

Jami Hodge – Director

411 S. Court Street, Marion, Illinois 62959 Phone: (618) 993-2138 Fax: (618) 997-3950
www.wces.co