



# Mayfield Professional Staff Association Personal Leave or Vacation Time Request

Office Use:
Time available: _____
VLWA: _____
Initials: _____
Date: _____

Please complete and turn into the **Business Office** or **Main Office** at least **TWO days** before the date(s) requested.

or

**ONE week** before if requesting 5-day vacation.

\_\_\_\_\_  
Employee Name (First and Last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Building

**Date(s) Requested:**

*Please fill in the dates you are requesting off.*

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Number of Day(s) Requested:**

*If ½ day, indicate AM or PM (".5 AM " or ".5 PM ")*

\_\_\_\_\_  
Personal

\_\_\_\_\_  
Vacation  
(12 Month Employees)

**17.1 Personal Leave** All employees shall be entitled to three (3) personal leave days per year for the purpose of conducting business that cannot otherwise be conducted outside the normal workday. Requests to use a personal day must be made to the Superintendent in writing at least two (2) business days prior to the date the personal days are to be used, except in an emergency. The Superintendent may grant or deny such request. Personal leave days shall not be granted for any day immediately before or after a holiday or vacation period for the purpose of extending such holiday or vacation.

**19.1 – 19.3 Vacation Time** Must be taken within the school year in which it is earned. Approval of any such request is within the discretion of the Superintendent. Requests for vacation leave for a period of one (1) week or more shall be made in writing to the Superintendent for approval at least one (1) week in advance of such vacation. Requests for vacation leave for a period of less than one (1) week shall be made at least two (2) business days in advance of such vacation. Once vacation leave is approved, the employee must take his/her vacation at that time. Only one person from each work area may be approved for vacation leave at any one time.

**17.5 Blue Cards** for all absences must be turned into the employee's immediate supervisor within two (2) working days following the absence.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor to Complete

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent to Complete

Check one: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

If NOT Approved, Explain Why:

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

Employee

Supervisor

Business Office