

**OTSEGO PUBLIC SCHOOLS**  
**Personal Business Day Request Form for Teachers**  
 (All other employees should use the Absence Request Form)

**OEA MASTER AGREEMENT – ARTICLE 10 – ABSENCES**

D. Personal Leave Day:

At the beginning of each school year, a teacher shall be granted two (2) days with pay for personal leave. Personal leave days may accumulate to a total of three (3) days. No more than three (3) personal leave days can be used in any given year. Any additional days (over 3 accumulated days) not used by the end of each school year shall be added to the teacher's accumulated sick leave.

Personal leave days may be used in accordance with the following guidelines:

1. Such days shall be requested one week in advance, except in cases of emergency.
2. No specific description of the intended use of the leave shall be required.
3. The Board shall not be required to grant personal leave days on any one day to more than 10% of the teachers from any one building. If leaves are to be denied because more than 10% of a building's teachers requested a leave on the same day, these denials shall be in inverse order of receipt.
4. Only 5% of the teachers from any one building will be granted leave for the day preceding or the day following holidays and the first or last day of a marking period. If leaves are to be denied because more than 5% of a building's teachers requested a leave on the same day, these denials shall be in inverse order of receipt.

Employee: \_\_\_\_\_

Day and Date of Absence: \_\_\_\_\_

Substitute required:    Yes \_\_\_\_\_                      No \_\_\_\_\_

All day: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_    Sub Arrival Time \_\_\_\_\_ (If P.M. checked)

This is my 1<sup>st</sup>  and/or 2<sup>nd</sup>  and/or 3<sup>rd</sup>  personal business day. If second or third, previous days were used on \_\_\_\_\_ and \_\_\_\_\_.

If this request is less than five (5) days from date of leave, reason for emergency request:

\_\_\_\_\_  
 Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The following information to be completed by office staff.

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

- Your request is  Approved
- Denied – Reason  Exceeds 10% of professional staff in building
- Exceeds 5% of professional staff in building before/after holiday or first or last day of a marking period.

Other: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to Dawn Cook, Administration Office and place a copy in employee's file at building assignment.**