

SEAFORD UNION FREE SCHOOL DISTRICT

PERSONAL/BEREAVEMENT LEAVE FORM (Teaching Staff)

Called for Sub \_\_\_\_\_

Name: \_\_\_\_\_

School: \_\_\_\_\_

**PART I**

(To be completed by teacher requesting personal leave and submitted at least one day in advance of requested date.)

I certify that my request for leave day(s) on \_\_\_\_\_  
Is due to the reason listed below:

\_\_\_\_\_ Date(s)

1. \_\_\_\_\_

Legal

2. \_\_\_\_\_

Personal Matter

3. \_\_\_\_\_

Religious Purposes

4. \_\_\_\_\_

Bereavement

\_\_\_\_\_ Member of Immediate Family

\_\_\_\_\_ Relative

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

**PART II**

(To be completed by the Principal)

Will a substitute be required? \_\_\_\_\_

Please contact Teachers' Registry if substitute is needed.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date