

This form must be completed and returned to the school office within two (2) days after returning to work.



CALHOUN FALLS CHARTER SCHOOL PERSONAL/SICK LEAVE FORM

NAME: _____
Please Print

Type of Absences: **PERSONAL** **SICK** **FAMILY** **RELIGIOUS** **OTHER**

Date of Absence(s): _____ **TO** _____

POLICY ON PERSONAL DAYS:

- A. An employee must notify the Principal at least 3 days before he/she wishes to use personal leave, except in extreme emergencies.
- B. A maximum of two personal days to be used in succession.
- C. Personal days may not be taken during the first or last week of school, during exams/standardized testing, or before or after scheduled holidays on the school calendar.
- D. The employee must notify the Office Manager immediately after administrative permission has been granted for record keeping purposes.

POLICY ON SICK DAYS:

- E. An employee must notify the Office Manager at least 24 hours before he/she wishes to use sick day, except in extreme emergencies.
- F. The employee must notify the Office Manager immediately after administrative permission has been granted for record keeping purposes.

POLCIY ON FAMILY ILLNESS:

- A. Personal/Family illness is limited to 7 days per year.

Employee Signature _____
Date

OFFICE USE ONLY – BELOW THIS LINE

_____ days will be deducted from payroll because they do not follow under guidelines of the CFCS Employee Policies or they do not have the allotted days.

Office Manager Signature _____
Date

Principal Signature _____
Date