

Complete this form and email it to: Linda Snyder, Nan Huffman, your principal and yourself – Keep the original copy

PALMYRA AREA ELEMENTARY SCHOOLS
Request for Substitute or Absence

Date Submitted _____

Teacher's Name _____

Building _____ Grade or Subject _____ Room # _____

Date(s) that substitute/absence is needed _____

Full Day _____ Half Day _____ (AM _____ PM _____) No Sub Needed _____

REASON SUBSTITUTE/ABSENCE IS REQUIRED:

_____ Medical

_____ Approved Workshop/Conference

_____ Other (Please Circle: Visitation Day Shadowing Peer Mediation)

_____ Bereavement (Please indicate relation to deceased) _____

_____ Personal Day (full day only)

(The name of your substitute will be emailed to you as soon as acquired)

COMPLETE THIS SECTION FOR PERSONAL DAY REQUESTS ONLY:

Personal leave is requested as permitted under Article IV, Section 4.02 of the Collective Bargaining Agreement by and between Palmyra Area School District and Palmyra Area Education Association.

Personal leave must be requested at least two (2) days prior to the date of the leave desired.

The Employer may restrict the number of employees taking personal leave per day as indicated in Article IV, Section 4.03.

Signature of Employee _____

() Approved

() Not Approved

___ (a) Exceeds limitation of Article IV, Section 4.03

___ (b) Request late

___ (c) Prohibited Day

___ (d) Entitlement previously used

Employer Representative

Date