



Blackhawk
School District

Personal Day Request

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Please forward a hard copy of this document to your building principal.

Employee's Name _____ Date of Personal Day _____

Employee's Signature _____ Date _____

Principal's Signature _____ Date _____ Approved _____

Reason for denial (if applicable) _____

Superintendent's Signature _____ Date _____

Please refer to your Collective Bargaining Agreement for appropriate use of personal days.

***Building office: Please forward this document to the Superintendent's Secretary at District Office.**