



94 Battistoni Drive  
 Winsted, CT 06098  
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Sharing Services for Exceptional Students

Quentin H. Rueckert  
 Executive Director

Daniela Belanger  
 Assistant Director

## PERSONAL DAY REQUEST

Please give 48 hours' notice unless an emergency

Name:		
Assignment (School) on day(s) requested:		
Date(s): <b>(Specify hours if less than full day)</b>		
<b>All Staff:</b> Discuss w/Principal or Building Administrator – before submitting to Shared Services		
	Principal's/Administrator's Signature	Date
<b>Non-Certified Staff:</b> Must also Discuss w/Supervisor before submitting to Shared Services		
	Supervisor's Signature	Date

**Reason if immediately before or after a holiday or school vacation:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Person Making Request)

Also please notify main office of scheduled personal day and name of substitute (if needed)

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(For Office use)

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason if denied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

Director