

**JOHNSTON CITY COMMUNITY UNIT
SCHOOL DISTRICT #1**

PERSONAL CONVENIENCE FORM

EACH SCHOOL YEAR EACH EMPLOYEE SHALL BE CREDITED WITH FOUR DAYS TO BE USED FOR PERSONAL REASONS AT THE DISCRETION OF THE EMPLOYEE WITHOUT LOSS OF PAY. A FIFTH DAY MAY BE USED IN WHICH CASE THE EMPLOYEE SHALL REIMBURSE THE DISTRICT FOR THE COST OF THE SUBSTITUTE.

EXCEPT IN CASE OF EMERGENCY, ADVANCE NOTIFICATION (ON THIS FORM) SHALL BE SUBMITTED AS SOON AS POSSIBLE TO THE PRINCIPAL OR DESIGNEE.

ANY UNUSED PERSONAL CONVENIENCE DAYS (EXCLUDING THE FIFTH) SHALL ACCUMULATE AS SICK LEAVE.

NAME OF EMPLOYEE _____

BUILDING _____ **POSITION** _____

DATE(S) OF PERSONAL LEAVE _____

_____ THIS IS MY FIFTH PERSONAL DAY THIS SCHOOL YEAR. I UNDERSTAND THAT I SHALL REIMBURSE THE DISTRICT FOR THE COST OF THE SUBSTITUTE WITHIN 30 CALENDAR DAYS AFTER I AM BILLED BY THE DISTRICT.

DATE

SIGNATURE OF EMPLOYEE

.....
FOR OFFICE USE ONLY

DATE RECEIVED

SIGNATURE OF BUILDING PRINCIPAL

DATE RECEIVED

SIGNATURE OF SUPERINTENDENT