

STONINGTON PUBLIC SCHOOLS

PERSONAL DAY REQUEST FORM

MEMO TO: Van Riley, Superintendent of Schools

FROM: _____

SCHOOL: _____

DATE: _____

I am requesting the following day(s) off for a personal day(s).

Day: _____

Date: _____

Note: Teachers must verify the availability of a personal day with the school secretary.

BUSINESS OFFICE ONLY

Approved: _____

Disapproved: _____

Comments: _____

Received: _____

Recorded: _____

Returned: _____