



Union Elementary School District
PERSONAL/VACATION BLACKOUT ABSENCE REQUEST FORM
All Staff

Print, sign and submit request to your Supervisor for approval.

Name _____ School Site _____

If an extraordinary circumstance occurs and an employee requests to take a personal or vacation day on a blackout day, they must submit the Request for Blackout Absence to their supervisor at least ten (10) business days prior to the restricted day. The employee may still submit a request when the ten (10) day notice is not possible. The employee may be docked with the possibility of future reimbursement, pending approval. Requests shall be acted upon in order of receipt, and availability of adequate site coverage. Employees should include detailed information, as well as appropriate documentation, to explain the extraordinary circumstance.

(Documentation examples: wedding announcement, birth announcement, court documents, family reunion)

BLACKOUT DAY CALENDAR:

<input type="checkbox"/> Workdays before and after July 4	<input type="checkbox"/> Workdays before and after Martin Luther King Day
<input type="checkbox"/> First 10 instructional days of school	<input type="checkbox"/> Workdays before and after President’s Day
<input type="checkbox"/> Workdays before and after Labor Day	<input type="checkbox"/> Workdays before and after Spring Break
<input type="checkbox"/> Workdays before and after Fall Break	<input type="checkbox"/> Workdays before and after AZMerit Test (Subject to Change)
<input type="checkbox"/> Workdays before and after Veterans Day	<input type="checkbox"/> Workdays before and after Spring Holiday
<input type="checkbox"/> Workdays before and after Thanksgiving Break	<input type="checkbox"/> Last 10 instructional days of school
<input type="checkbox"/> Workdays before and after Winter Break	<input type="checkbox"/> Workdays before and after Memorial Day

Date(s) Requested _____

I request to use _____ day(s) of accrued (circle one) Personal/Vacation time for the restricted day(s):

Reason for Request: _____ Sub required No sub required

Employee’s Signature: _____ **Position:** _____ **Date:** _____

TO BE FILLED OUT BY YOUR SUPERVISOR:

Supervisor Recommends:

Absence Approved With Pay Absence Approved Without Pay

Absence Denied

REASON FOR ABSENCE DENIAL:

_____Absence History _____Prior absences on blackout days

_____Absence creates a hardship at my site due to _____

Coverage plan:

Principal/Supervisor’s Signature: _____ **Date:** _____

DISTRICT USE ONLY:

Absence Approved With Pay Absence Approved Without Pay Absence Denied

Superintendent’s Signature: _____ **Date:** _____