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

Print, sign and submit request to your Supervisor who will send it to the Superintendent for approval.

Name_________________________________________ School Site_________________ Dates Requested ____________

Request to use________day(s) of accrued Personal/Vacation (circle one) time for the following restricted day(s) (check one):

<table>
<thead>
<tr>
<th>BLACKOUT DAY CALENDAR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Workdays before and after July 4</td>
</tr>
<tr>
<td>□ Workdays before and after Labor Day</td>
</tr>
<tr>
<td>□ Workdays before and after Fall Break</td>
</tr>
<tr>
<td>□ Workdays before and after Veterans Day</td>
</tr>
<tr>
<td>□ Workdays before and after Thanksgiving Break</td>
</tr>
</tbody>
</table>

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 as much detailed information as possible, as well as appropriate documentation, while providing an explanation of the extraordinary circumstance requiring your absence on the restricted day(s).

Reason for Request: □ Sub required □ No sub required

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Employee’s Signature: __________________________________________ Position: __________________________ Date: ________

TO BE FILLED OUT BY YOUR SUPERVISOR:
Briefly summarize employee’s prior absence history including prior absences on blackout days:

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Supervisor Recommends:
□ Absence Approved With Pay □ Absence Approved Without Pay □ Absence Denied

Supervisor’s Signature: ____________________________ Date: ________

DISTRICT OFFICE USE ONLY
□ Absence Approved With Pay □ Absence Approved Without Pay □ Absence Denied

Superintendent’s Signature ____________________________ Date: ________

Revised 07/29/2019