



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):

BLACKOUT DAY CALENDAR:

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

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:** _____