

FRANKLIN-MCKINLEY SCHOOL DISTRICT
Human Resources Office

CERTIFICATED/CLASSIFIED PERSONAL NECESSITY

Directions: For personal necessity leave day(s) complete Section A, B, or C and submit with monthly P-30 absence form. **COMPLETE ONE SECTION ONLY.**

SECTION A: VERIFICATION OF PERSONAL NECESSITY LEAVE:

I certify that my absence(s) listed on the attached P-30 falls within one or more specific areas:

1. Accident or illness involving my person or property or that of my immediate family.
2. Death not covered under bereavement leave, but is of great personal concern to me.
3. Death of a member of my immediate family.
4. Appearance in court as a litigant.
5. Observance of a religious holiday.

Signature of Employee

Date

SECTION B: APPLICATION FOR PERSONAL NECESSITY LEAVE
(Please attach explanation.)

I hereby make application for personal necessity leave because of personal contingency that requires my absence from duty. I understand that the words "contingency" and "necessity" mean an event out of the ordinary, i.e., an act of God, circumstances beyond my control, a matter of compelling personal importance, or an occasion that cannot be covered in the normal courses of events. I understand that personal business is not normally considered a necessity unless my presence is required at a specific time to prevent loss of property or other personal loss. I have attached a written explanation of my request, including date(s) of absence and reason(s) for absence.

Signature of Employee

Date

SECTION C: UNDECLARED (Up to four days allowed annually)

This personal necessity leave is for one of the reasons stated in Sections A or B. As per the Agreement with FMEA/CSEA, I am not required to state which reason.

This is the (circle one) of my four annual unexplained days. 1st 2nd 3rd 4th

Signature of Employee

Date