## MONSON PUBLIC SCHOOLS Monson, Massachusetts

TO:	Mrs. Cheryl Clarke, Superintendent of Schools	
FROM:		
SUBJECT:	Personal Day	
		Page 19, as per the Agreement ool Committee and the Monson (Unit A), 2015-2018,
I request a p	personal day on	
	(Month)	(Data)
	(IVIOTILIT)	(Date)
except durir	ng school hours:	
(Signature o	f Supervisor)	(Signature of Unit A Member)
(Date)		(Date)
	oust be filed <u>by the employee</u> vof the date requested.	vith the Superintendent's office at least 48 hours
A copy of th	e approved form will be return	ed by the Superintendent's office.
		(Signature of Superintendent)