

**WILSON AREA SCHOOL DISTRICT**

Cherry

**Request for Emergency Day  
Support Staff**

(This form must be submitted to the Superintendent in advance of emergency absence whenever possible)

Name \_\_\_\_\_ Date of Emergency Day \_\_\_\_\_

Building \_\_\_\_\_

Check one below:

Date of Submission \_\_\_\_\_

\_\_\_\_\_ full day  
\_\_\_\_\_ 1/2 day A.M.  
\_\_\_\_\_ 1/2 day P.M.

Please indicate the reason:

- Family Medical
- Legal
- Home or Property Damage
- Transport Dependents to and from College
- Death of Non-Family Member not covered by the present agreement
- Other

Please explain the reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full time support staff receive two (2) Emergency Days annually. Emergency days must be approved by the Superintendent. If unused, the emergency days may be carried over to the succeeding school year. Employees may accrue a maximum of four (4) emergency days.

If unused after carried over into the succeeding year, the emergency days shall be credited to accumulated sick leave.

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Date \_\_\_\_\_