Msgr. Farrell High School
2900 Amboy Road
Staten Island, New York 10306

PERSONAL BUSINESS LEAVE CERTIFICATION

Teacher's Name: _____

Date of Submission: _____

To the School:

Please allocate _____ as Personal Business Day number ____.

In accordance with the terms of the Collective Bargaining Agreement between the School and the Federation of Catholic Teachers, I hereby certify that the purpose of the leave is for "urgent personal business which cannot be accomplished outside of normal school hours or which constitutes a personal emergency requiring immediate attention."

_____
Teacher's Signature

_____
Date