



## ABSENCE REQUEST FORM 2016-2017

All requests for absences, other than sick or bereavement days, must be submitted for approval at least ten (10) days prior to the absence. Approval of the request will be granted or denied within 24 hours. ***It is the responsibility of the employee to confirm available personal, sick or vacation days. Administrative approval does not indicate payment for requested leave.***

Employee Name: \_\_\_\_\_

- Type of Absence:  Sick  Personal  Jury Duty
- Professional Development Seminar  Time off without pay  Other
- Bereavement – (Relationship to Employee: \_\_\_\_\_ )
- Vacation – (12 Month Employees Only)
- Field Trip

Number of days requesting: \_\_\_\_\_ Notes: \_\_\_\_\_

Date(s) From: \_\_\_\_\_ To (and including): \_\_\_\_\_

Coverage Start Time: 7:20am Coverage end time: 3:00pm

Prep Time(s) (start/finish: \_\_\_\_\_

Substitute Required:  Yes  No

List special information that the sub needs to know:

Employee Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Suggested Substitute(s): \_\_\_\_\_

*Information below to be filled out by Administrative Office*

Approved  Denied Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Substitute filling requested date(s): \_\_\_\_\_

Calls were made to: