

Absence Request

Absence Information

Employee Name: _____

I am a: Salaried / Hourly (*circle one*) Employee

Dept./Position Title: _____

Type of Absence Requested:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Sick/Personal | <input type="checkbox"/> Vacation
(234 Employees Only) | <input type="checkbox"/> Bereavement
(Up to 3 days for immediate family member. Document required) | <input type="checkbox"/> Unpaid Leave |
| <input type="checkbox"/> Military
(Document required) | <input type="checkbox"/> Jury/Witness Duty
(Document required) | <input type="checkbox"/> FMLA
(Prior HR approval required) | <input type="checkbox"/> School Business
(Prior principal approval required) |

Dates of Absence: From: _____ Through*: _____

*Enter the end of absence date – not the return-to work date.
Example: for 1 day's absence, enter the same date as entered in "From:"

Number of Days (if Salaried): _____ Number of Hours (if Hourly): _____

Reason for Absence: _____

- You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.
- Sick/ personal days may not be taken just prior to or following a school holiday, on state assessment days or during the first or last two weeks of school.
- Physician's note required for illness, if 3 or more days.

Employee Signature

Date

Supervisor Approval

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Substitute Needed (Check box if "Yes") |
| <input type="checkbox"/> Rejected | <input type="checkbox"/> Required Documentation Submitted/Attached |

Comments:

Supervisor Signature

Date

District/Payroll Signature

Date