

Absence Request

Absence Information

Employee Name: _____

I am a: Salaried OR Hourly 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 (Salaried or Vacation): _____ Number of Hours (Hourly): _____

Reason for Absence (description): _____

- You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.
- Absence Request Form must be submitted the day of return to work for sick leave.
- 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 for 3 or more days of absence.
- ***Bereavement Leave** - see NFPS Employee Handbook for definition of immediate family members. Personal Leave must be taken for funerals of non-immediate family members.

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