



Request for Leave or Approved Absence

Employee Name (Please Print)		Location/School
Type of Leave/Absence (Check appropriate box(es) below)		# day(s) absent _____
<input type="checkbox"/> Personal Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> School Business <input type="checkbox"/> Other (Vacation, leave without pay, etc...)	Explanation for Leave (School Business please Provide "details" such as name of training.) _____ _____ _____	Dates Absence began _____ Date Ended _____

DOCTOR'S NOTE IS REQUIRED ONLY IF ABSENCE EXCEEDS THREE (3) DAYS

Name of substitute _____	Date _____
Name of substitute _____	Date _____
Name of substitute _____	Date _____

This form is to be completed and signed by employees who are absent for personal, sick or official school business. This form should be completed by the employee and returned to the school office within two days of returning to work.

SUBSTITUTE PAY WILL BE PAID FROM ACCOUNT _____

Employee Signature _____

Signature required