

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 403.3.1.4.1P Adopted May 1980 Revised March 2004

Title **Transportation Employee Request for Absence of Two Days or Less**

I, _____, # _____ request permission to be
(print name) (employee number)

absent from my regular duties: AM _____ NOON _____ PM _____ Activity _____ Other _____

Date(s) of requested absence _____ Circle (M T W TH F)
date(s)

Reason for absence _____

Check:

_____ Driver (Bus #'s) _____

_____ Chaperone (Bus #'s) _____

_____ Crossing Guard (Location) _____

Time and date of request _____ AM/PM _____

Employee signature _____

Logged _____ Approved _____ Disapproved _____

By _____
(Coordinator of Transportation or Designee)