



Request for Leave or Approved Absence

Supervisor Approved: Yes _____ No _____

Employee Name (Please Print) _____		Location/School _____
(Check appropriate box(es) below)		# Day(s) absent _____ Date Absence began _____ Date Ended _____
_____ Personal Leave _____ Other (Vacation, leave without pay, etc...) _____ _____	_____ Sick Leave (Check one) <input type="checkbox"/> SELF <input type="checkbox"/> FAMILY <input type="checkbox"/> QUARANTINE _____ SCHOOL BUSINESS (<u>Must explain</u>) _____ _____	

DOCTOR'S NOTE IS REQUIRED IF OUT SICK FOR MORE THAN 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