



## Request for Absence Approval Form

Name \_\_\_\_\_ School/Location \_\_\_\_\_

Requested Absence Date(s) \_\_\_\_\_

Purpose:

A. Personal Illness

G. Military

B. Personal Illness

H. Vacation

C. Family Illness

I. Personal Leave

Name \_\_\_\_\_

J. Professional Leave – Explain:

Relationship \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D. Family Death

K. Suspension

Name \_\_\_\_\_

L. Holiday

Relationship \_\_\_\_\_

M. Permission to be absent granted by  
Superintendent – Explain: \_\_\_\_\_

E. Death/Illness of Significant Other

\_\_\_\_\_  
\_\_\_\_\_

F. Jury Duty

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(Complete this section only if request qualifies for expense reimbursement.)

Projected travel expense \_\_\_\_\_

Projected lodging expense \_\_\_\_\_

Projected meal expense \_\_\_\_\_

Projected miscellaneous expense \_\_\_\_\_

Total projected expense \_\_\_\_\_

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**Official Use – Superintendent’s Office**

Absence Approval Yes \_\_\_\_\_ No \_\_\_\_\_

With Pay Yes \_\_\_\_\_ No \_\_\_\_\_

Paid Expenses Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Information:

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Employee Signature Date

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Signature of Principal/Supervisor Date

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Signature of Superintendent Date