



# PRE-APPROVED ABSENCE FORM

**ALL EMPLOYEES:** Please complete this form then and forward it to your building administrator for approval.

Name: \_\_\_\_\_ Building: \_\_\_\_\_

Position Title: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Is a substitute needed: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**DURATION OF ABSENCES:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours Per Day: \_\_\_\_\_

**TYPE OF LEAVE:**

- \_\_\_\_\_ Adoption Leave                      \_\_\_\_\_ Foster Leave                      \_\_\_\_\_ Parenting Leave
- \_\_\_\_\_ Surrogate Leave                      \_\_\_\_\_ Jury Duty                      \_\_\_\_\_ Illness
- \_\_\_\_\_ Religious Observance                      \_\_\_\_\_ Bereavement; Relationship to Deceased: \_\_\_\_\_
- \_\_\_\_\_ Personal Business; Reason \_\_\_\_\_
- \_\_\_\_\_ Salary Deduction\* Reason: \_\_\_\_\_
- \_\_\_\_\_ Absence (before and/or after a holiday or break); Reason: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Review/Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**For the completion by the Human Resources Department**

\_\_\_\_\_ APPROVED      \_\_\_\_\_ NOT APPROVED

Total Days: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Comments: \_\_\_\_\_

District Administrator's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*All salary deduction request require approval and a signature from your immediate supervisor.