



## REPORT OF ABSENCE FORM

**For: IESPA, AFSCME, IAA, and NON-UNION PERSONNEL**

### Absence Information

Employee Name: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Absence: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Type of Absence Requested:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Employee Illness | <input type="checkbox"/> **Vacation Leave | <input type="checkbox"/> Bereavement Relationship: ▼ | <input type="checkbox"/> Unpaid Leave   |
| <input type="checkbox"/> Family Illness   | <input type="checkbox"/> Personal Leave   | _____  | <input type="checkbox"/> Jury / Other ▼ |

**Total Hours Absence:** \_\_\_\_\_ **Describe Other:** \_\_\_\_\_

Reason for **Personal Leave Absence or Unpaid Leave Absence:**

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

### Approval / Denial

- ☐ Approved
- ☐ Denied

Comments:

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Date*

\*\* Only for eligible 12 month Employee's