SANTA ROSA I.S.D.

APPLICATION FOR APPROVAL OF ABSENCE OF DUTY

Employee Name:_____ Employee Number _____

Campus: _____

Date(s): _____

Absent____ ALL DAY _____DAY A.M. _____ DAY P.M.

I REQUEST APPROVAL OF ABSENCE FROM DUTY FOR THIS PERIOD

03 Personal Local ☐ 07 State Sick ☐ 06 Personal State ☐

08 Professional/other ☐ 06 Jury Duty ☐ 05 Non Working ☐

07 Military Leave ☐ 08 Vacation ☐ 09 Comp time ☐

DOCK TIME ☐

PURPOSE OF LEAVE:

Illness ☐ Family Illness ☐ Funeral Leave ☐

Personal Business ☐ Workshop Training ☐

Other (Please Specify) _____

_____ _____

Employee's Signature Supervisor's Signature

BUSINESS OFFICE USE ONLY

PROCESSED _____ ACCT# _____

If No Substitute Was Needed, Please Check Here ( )

SUBSTITUTE INFORMATION

DATE	S.S. #	SIGNATURE	TOTAL DAYS

_____ _____