

**MICHIGAN CITY AREA SCHOOLS  
APPLICATION FOR PERMISSION TO BE ABSENT**



Name \_\_\_\_\_ Date \_\_\_\_\_

School/Dept. \_\_\_\_\_

Request absence from \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (hour) to \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (hour) inclusive.

Reason \_\_\_\_\_

\_\_\_\_\_  
(Supervisor)

\_\_\_\_\_  
(Signature of Applicant)

**APPLICANT PLEASE CHECK ONE OF THE FOLLOWING:**

**PAID TIME OFF (PTO) / PAID LEAVE TIME (PLT)**

Applicant please indicate  
number of days used to date: \_\_\_\_\_ days

**VACATION**

Applicant please indicate  
number of days used to date: \_\_\_\_\_ days

**JURY DUTY**

Submit check for Jury Duty to Payroll  
when you receive it.

**BEREAVEMENT**

Applicant please indicate relationship \_\_\_\_\_  
and date of death: \_\_\_\_\_

**OTHER**

Use when loss of pay is expected. Approval of the  
administration is required in advance except in the  
event of an unforeseen emergency.

**PROFESSIONAL**

**REIMBURSEMENT (complete only if seeking reimbursement)**

**Fees/Registration\*:** \_\_\_\_\_  
amount

**Mileage:** Destination: City \_\_\_\_\_ State \_\_\_\_\_

**Driving:**  One Way  Round Trip  Daily

**OR**

**Flying Out of:** \_\_\_\_\_  
Airport Name

**Airfare:** \$ \_\_\_\_\_

**Mileage Amount Approved:** \_\_\_\_\_ miles @ \_\_\_\_\_ = \$ \_\_\_\_\_

**Processed by:** \_\_\_\_\_

**Meals\*:** Dates \_\_\_\_\_

**Lodging\*:** No. of Nights \_\_\_\_\_  
Dates \_\_\_\_\_

**Fund Name & Number from Which  
Reimbursement Is to Be Made:** \_\_\_\_\_

\* Receipts must accompany Claim Voucher form for reimbursement.

**ANTICIPATED BENEFITS/RATIONALE**

(attach brochure or supportive information):

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

**CENTRAL OFFICE USE ONLY**

\_\_\_\_\_ Days with pay.

\_\_\_\_\_ Days without pay.