



Oriskany Central School Absence Request Form



Absence Information

Employee Name: _____

Date of Request: _____

Location/Position: _____

Type of Absence Requested:

Personal Illness Family Illness Personal Leave Vacation

Bereavement: _____ Jury Duty Other: _____

Relationship of deceased

**** Please consult with your contract for language regarding days allotted and rules for requesting time off. ****

*** This form is not to be used to request a Leave of Absence and/or FMLA. ***

Dates of Absence: From: _____ To: _____

I hereby acknowledge that I have read and understood the terms of my contract regarding days allotted and rules for requesting time off from my hired position, and that I have verified my attendance calendar for available day(s) to request time off.

Employee Signature

Date

Administrative Approval

Approved

Rejected: (Why?): _____

Immediate Supervisor Signature

Date

Superintendent and/or Designee Signature (if required)

Date