

Employee Absence Request

(Submit After In Case of Illness)

Name of Employee: _____

Building: High School Middle School Elementary School

Type of Work: _____

Date(s) of Absence: _____

Hour(s) of Absence: _____

Reason for Absence: _____

Employee Signature: _____

Date Submitted: _____

For Principal or Supervisor Use

Above Employee Should:

_____ Be Charged _____ Sick

_____ Be Charged _____ Personal

_____ Be Charged _____ Vacation

_____ Be Charged _____ Bereavement

Relationship: _____

_____ School Business

_____ No Pay Day

Principal or Supervisor Signature