Absence Request Form

Name: _____ **Date(s) Requested:** _____

Position: _____ _____

Location: _____ **Type of Day:** ☐ FULL ☐ HALF AM ☐ HALF PM

Absence Reason: (please check off one)

☐ **Sick** (3 consecutive days and/or black out days - Doctor's note required)
reason:

☐ **Personal** (Prior Approval Needed)
reason:

☐ **No Pay**
reason:

☐ **Family Illness** (Attach Dr.'s note including: Employee and family member's name and relationship)

☐ **Jury Duty** (Letter From Jury Management)

☐ **Death in Family** (Attach obituary or funeral card) - Relationship: _____

☐ **Multiple Absence Reasons/Other** (check off all that apply) ☐ Sick ☐ Personal ☐ No Pay ☐ Family Illness ☐ _____
reason:

☐ **School Business Day** (In District)

☐ **School Business Workshops** - Department of Curriculum and Instruction (Fill out the following information)

Title of Workshop:
In District Location:
Out of District Location:
Cost:

Source of funding:
Sub required (check one): ☐ Yes ☐ No
Attach PIP Goals, Registration Form, Educational Objectives, and Follow-up Activities

The District will not process a Purchase Order for $25.00 or less.

Employee Signature: _____ **Date:** _____

☐ **Recommended** ☐ **Not Recommended** **Date:** _____

Principal/Administrator Signature: _____ **Comments:**

☐ **Approved with Pay** ☐ **Approved without Pay** ☐ **Disapproved** **Date:** _____

Superintendent/Designee Signature: _____ **Comments:**