

STAFF PRE-APPROVED ABSENCE REQUEST

Please submit this form to the superintendent at least 24 hours in advance of absence if possible.

Name: _____

Sub Needed: _____ Yes _____ No

Requested Date(s) of Absence: _____

Please circle day(s) requested: Mon Tue Wed Thu Fri

_____ Personal Leave

_____ Workshop / Seminar / In-Service

 Purpose: _____

 Location: _____

_____ Medical Appointment

_____ Bereavement

 _____ Immediate Family

 _____ Other (explain) _____

_____ Jury Duty

_____ Vacation

_____ Other (explain) _____

Leaves of Absence are provided under the conditions of the collective bargaining agreement and/or District policy.
Days of absence will be charged according to terms of those regulations.

Signature of Employee

Date

Signature of Principal

Date

Signature of Superintendent

Date

___ Original: Michelle

___ Copy to: Mrs. McLaughlin, Teacher, Secretary