

# 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, Stacy