

Absence Request Form

Substitute Name: _____
Emailed: _____
Calendar: _____
Hours Remaining: _____

Employee Name: _____

Today's Date: _____

Date of Absence: _____ through _____

If Partial day: Begin time _____; End time _____ *Total Hours Off: _____

** A full day is 8 hours for full-time, and 6 hours for part-time.*

Type of Absence Requested:

____ Sick	____ Time Off Without Pay	CANCELLED REQUEST
____ Professional Development	____ Vacation/Personal	____ Teacher Initials
	____ Other	____ Secretary Initials

Reason: _____

You must submit for absences, other than sick leave, 7 days prior to the first day you will be absent.

**** Your request will be granted once we have secured a sub and administration has given approval. You will receive an email letting you know that you've been approved for your request.****

Faculty Signature: _____

Management Approval

Substitute: _____

Secretary Signature: _____

Principal Signature: _____

Date: _____

Checked by: _____
Date: _____

