		Substitute Name:
		Emailed:
Absence Requ	est Form	Calendar:
Employee Name:		Hours Remaining:
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	l-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:		
Reason: You must submit for absences, other	than sick leave, 7 days prior to the tage of t	he first day you will be absent. administration has given approval.
Reason: You must submit for absences, other ** Your request will be granted once	than sick leave, 7 days prior to the secured a sub and a	he first day you will be absent. administration has given approval. oved for your request.**
Reason: You must submit for absences, other ** Your request will be granted ond You will receive an email letting yo	than sick leave, 7 days prior to the secured a sub and a	he first day you will be absent. administration has given approval. oved for your request.**
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