SCHOOL/LOCATION_____

CLASSIFIED ABSENCE REQUEST/REPORT

*NAME*_____

ID Number # _____

*DATE(S) & HOURS of Absence*_____

_____

*SUBSTITUTE (if needed)*_____

REASON FOR ABSENCE:

_____Illness (includes Doctor and Dentist appointments) _____

_____Personal (taken out of sick leave) _____

_____ Vacation: _____

_____Bereavement leave -Family Member: _____

_____Industrial accident_____

_____Jury duty (Include juror printout for all days) _____

_____School business: *_____

*Conference Attendance Request Required When Applicable

_____Other: _____

_____ _____

Employee Signature **Date**

_____ _____

Supervisor / Principal / Designee Date

_____

Superintendent