



ABSENCE REQUEST FORM

EMPLOYEE INFORMATION (Please Print)

PRINT NAME:

FIRST

LAST

POSITION:

DATE REQUESTED: FROM:

TO:

☐

FULL DAYS

☐

PARTIAL DAYS

TIME OUT

REASON FOR LEAVE:

TOTAL HOURS

☐

SICK LEAVE

☐

PERSONAL NECESSITY (Maximum 7 days per year)

NEED A SUB?

☐

CONFERENCE/WORKSHOP

(Please attach documentation if applicable)

☐

WORKER'S COMP

☐

BEREAVEMENT

(Leave on account of death of any member of the immediate family — circle if in-state or out-of-state))

☐

JURY DUTIES

(Attach copy of subpoena or certificate of the clerk)

☐

FMLA

☐

UNPAID PERSONAL LEAVE

☐

VACATION (12 month employees only)

☐

OTHER

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE (required)

DATE