**STAFF ABSENCE REQUEST**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Date Building

DATES(S) LEAVE REQUESTED/ABSENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Time of Absence \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Will a substitute be necessary? ❒ Yes ❒ No If yes, list substitutes hours \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

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⁪(01)\*PERSONAL BUSINESS LEAVE

⁪⁪(02)\*SICK LEAVE (List Reason in Comments)

⁪(03)\*VACATION LEAVE

(04)\*JURY/WITNESS (Attached Notification)

(05)\*LEAVE WITHOUT PAY

(06)\*FLOATING HOLIDAY

(07)\*ASSOCIATION LEAVE

⁪\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Association President’s Signature)

(08)\*FAMILY LEAVE/RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁪(09)\*FUNERAL LEAVE/RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_

(11)\*PROFESSIONAL LEAVE (Attach copy of Notification)

**Type of Professional Development**

❒ Curriculum Development Meeting

❒ Conference/Workshop within District

❒ Conf./Workshop out of District (includes ISD)

❒ NCA Accreditation

❒ University or College Credit

❒ Mentoring – New Teacher

❒ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Workshop/Conf.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(12)\*CURRICULUM LEAVE (Attach copy of notification)

⁪(13)\*MILITARY

⁪(15)\*TEMPORARY TRANSFER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁪(16)\*ATHLETIC BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(17)\*ATHLETIC COACHING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁪\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Athletic Director’s Signature)

Bill Substitute to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Code #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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❒ APPROVED ❒ ⁪DENIED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Personnel Date