

HUMAN RESOURCES**EMPLOYEE APPLICATION TO BE ABSENT FROM WORK**

I, _____, request to be absent
(please print name)

from work on _____
(date/s)

Please select and mark the one kind of absence you are requesting. Check one only. Use a different form for each type of absence.

- ☐ Vacation Day/s
- ☐ Personal Day/s
- ☐ Calamitous Day/s - Compensatory for _____ (date/s)
- ☐ Outside School Environment (OS) Day/s _____ (date/s)
- ☐ Without Pay Day/s - Reason _____

Signature of Employee

Date

Approved: _____
Principal or Immediate Supervisor

Date

Approved: _____
Superintendent

Original to: Business Office

Business Office will return two copies: One for Principal or Immediate Supervisor file and one for Employee.

REGULATION ADOPTED: July 11, 1994

OHIO COUNTY BOARD OF EDUCATION