LEMOORE UNION SCHOOL DISTRICT

SCHOOL BUSINESS ABSENCE REQUEST

_____ _____

Print Name (Teacher) **Date**

Reason for request:

_____

_____

_____

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_____

Teachers are responsible for requesting a substitute in the sub-finder system and must confirm substitute coverage between 7:00 a.m. & 7:30 a.m. at (559) 924-6806 on the day of absence.

List date(s) of Absence(s):

_____

_____

_____

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_____

Please check one:

Full day	Half day	A.M.	P.M.

☐ Approved *Contingent of substitute availability

☐ Disapproved

_____ _____

Principal Signature Date

Account Line / Funding Source: _____

DISTRIBUTION:
WHITE - School Site
YELLOW - HR Dept.

REVISED: 02/2014