ABSENCE REQUEST FORM

As soon as you are aware of an upcoming absence (Dr.'s appointment, professional development, etc...) complete this form and return to the High School Office as soon as possible.

Faculty/Staff Name: _____

Date Requesting Off: _____ Date Request Submitted : _____

Name of Substitute Requested: _____ No Substitute Required (check): ____

Check Time Requesting Off:
_____ ½ day AM
_____ ½ day PM
_____ Full Day

Reason for Absence:

_____ Illness/Funeral/Dr. Appt. (circle)   _____ Personal   _____ Mentoring

_____ Bereavement (up to 5 days per school year due to the death of spouse, child, sibling, grandchild, parent /step-parent, or grandparent) - **circle relationship**

_____ Jury Duty

_____ Professional Development (Provide copy of Registration and must be approved)

_____ School Business - List Event:_____

_____ Vacation (12 Month Employees ONLY/10 Days a Year)

List duties you have on the date you will be absent, if any, and who will be covering:
_____
_____

Faculty/Staff Signature:_____

Principal Signature:_____

Date Signed/Approved:_____

Office Use Only:
Called in to SubTeach (time)_____ AM/PM on date:_____
Called in by: _____ Spoke with:_____
Filled with _____ in AM and/or PM Filled with: _____