

ABSENT WITHOUT PAY REQUEST

Employee #:	Date:
Employee Name:	
School or Department:	

Expected Date/Dates of Absence/Absences:
Expected Return Date:

REASON FOR ABSENCE

_____ : Sick, Injury, Dr. Appt	_____ : Vacation, Holiday
_____ : Death, Funeral	_____ : Maternity
_____ : Personal Time	_____ : Other

Explanation: _____

ABSENCE DETAIL

This absence was:

Expected in advance?	YES	NO
Reported in advance?	YES	NO

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

SUPERINTENDENT USE ONLY

Considered by Superintendent as:	EXCUSED	UNEXCUSED
EXPLANATION:	_____	

SUPERINTENDENT SIGNATURE: _____		
DATE: _____		