



Employee Absence Request Form

Employee: _____ Date: _____

Absent From: _____ To: _____

Total number of days: _____

Reason for Absence:

Personal Illness

Doctor/Dentist

Family Illness

Family Appointment

Bereavement

Bereavement/Other

Personal Day

School Sponsored Activity

Vacation

Jury Duty

Military

Other _____

FOR OFFICE USE ONLY:

Employee should be paid for this absence

Full pay

Full pay minus pay for substitute

Do not pay for this absence

Total payable days per contract _____ Total days used to date _____

Name of Substitute to whom remuneration is due: _____

School Administrator Approval: _____ Date: _____