

## EMPLOYEE ABSENCE REQUEST FORM

### EMPLOYEE SECTION

EMPLOYEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

REQUESTED LEAVE DATE(S): \_\_\_\_\_

☐ AM    ☐ PM    ☐ FULL DAY

SUBSTITUTE NEEDED: ☐ NO    ☐ YES

Note: You must call Will Sub if a substitute is needed.

#### TYPE OF LEAVE:

- ☐ DISCRETIONARY  
☐ SCHOOL BUSINESS/CONFERENCE  
☐ FUNERAL \_\_\_\_\_ RELATIONSHIP  
☐ JURY DUTY/COURT  
☐ PERSONAL  
☐ FMLA LEAVE

### BUILDING USE ONLY

☐ Received, Date: \_\_\_\_\_

☐ Unapproved, Reason: \_\_\_\_\_

☐ Other: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Route to Central Office\*\***

### CENTRAL OFFICE USE

☐ Received, Date: \_\_\_\_\_ ☐ Unapproved, Reason: \_\_\_\_\_

☐ Other: \_\_\_\_\_ ☐ Unpaid

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ROUTING

Route signed copy back to:    ☐ Employee    ☐ Building Administrator    ☐ Payroll