

EMPLOYEE ABSENCE FORM

EMPLOYEE SECTION

EMPLOYEE NAME: _____ **DATE:** _____

POSITION: _____

REQUESTED LEAVE DATE(S): _____

AM PM FULL DAY HOURS _____

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
- SICK
- VACATION
- FMLA LEAVE
- MILITARY LEAVE

BUILDING USE ONLY

Received, Date: _____ Unapproved, Reason: _____

Other: _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Route to Central Office

CENTRAL OFFICE USE

Received, Date: _____ Unapproved, Reason: _____ Unpaid

Other: _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____

ROUTING

Route signed copy back to: Employee Building Administrator Payroll