

(SCHOOL DISTRICT / ISD)

STAFF ABSENCE REQUEST FORM

EMPLOYEE NAME: _____ **DATE:** _____

REQUESTED LEAVE DATE(S): _____

AM **PM** **FULL DAY**

SUBSTITUTE NEEDED: **Note: You must call the sick line if a substitute is needed**
(list appropriate phone numbers to call)

NO **YES**

TYPE OF LEAVE REQUESTED:

DISCRETIONARY

FUNERAL _____ **RELATIONSHIP**

JURY DUTY

PERSONAL

VACATION

AUTHORIZED SIGNATURE: _____ **DATE:** _____