



# Certified/Classified ABSENCE REQUEST

Date Submitted \_\_\_\_\_ School/Dept: \_\_\_\_\_

Employee Name \_\_\_\_\_  
(Please Print)

Date of Absence \_\_\_\_\_

### FOR THE FOLLOWING REASON:

\_\_\_\_\_ Sick Leave (Certified) \_\_\_\_\_ Full Day (Classified)  
am pm \_\_\_\_\_ Half Day \_\_\_\_\_ Hours  
(Circle One)

\_\_\_\_\_ Personal Illness

\_\_\_\_\_ Family Illness

\_\_\_\_\_ Death in Family

\_\_\_\_\_ Relationship

\_\_\_\_\_ Personal (Certified) \_\_\_\_\_ Full Day (Classified)  
am pm \_\_\_\_\_ Half Day \_\_\_\_\_ Hours  
(Circle One)

\_\_\_\_\_ Vacation \_\_\_\_\_ Days \_\_\_\_\_ Hours

\*Anyone wishing to make use of vacation must submit a request to the Superintendent through their Supervisor five (5) days in advance.

\_\_\_\_\_ Other - Jury Duty, Comp. Time, etc.

**\* Falsification of either this statement or a physician's certificate shall be grounds for disciplinary action which may include dismissal.**

Sub Needed:  
Yes \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

No \_\_\_\_\_

AS PRINCIPAL OR SUPERVISOR, I HEREBY VERIFY THE ABOVE ABSENCE TO BE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

\_\_\_\_\_  
Principal/Supervisor Date

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

\_\_\_\_\_  
\*\*Superintendent Date

\*\* Only if required