

Today's Date _____

Next day absence requests must be submitted directly to the Administrator/Designee in person. Please use a separate form for each date requested, except a consecutive absence.

NAME _____ EMPLOYEE. I.D. _____

School or Dept. _____ Grade Level/Subj. Area _____

Position or Assignment _____ Substitute Required Yes No

Employee Status Teacher Administrator Civil Service Paraprofessional

Dates for Requested Absence _____ Total # of Days _____

Write Date(s) in Appropriate Box(es) Below - Check Type of Day

Use example to the right to indicate date and type. →	Day of Week	MON.	TUE.	WED.	THU.	FRI.	MON.	TUE.	WED.	THU.	FRI.
	Date										
	A.M. P.M.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REASON (Check Appropriate Box)

- (11) Illness *
- (12) Family Illness**
- (41) Personal Business
- (71) C.S.E.
- (72) Annual Reviews/I.E.P. Day
- (62) Instructional In-service
- (63) Career In Teaching (CIT)
- (52) Jury Duty
- (22) Death - One Day Allowance Relation: _____
- (21) Death - Five Day Allowance Relation: _____
- Vacation (Civil Service Only)
- (13) Workman's Compensation***
- (61) Conventions/Conferences
Name of Conference _____
- Unpaid Absence (Specify): _____
- Other (Specify): _____

Comments _____

* Illness: Certificate of Personal Illness (CPI) per Unit Contract.
 ** Personal Business: Shall be requested three (3) days in advance, except for emergencies. Personal days requested before or after a holiday must be approved by Human Resources.
 *** Workman's Compensation (Injury at Work): Submit appropriate paperwork to the Benefits Department.

Employee Signature _____

(Administrator/Office/Human Resources Use Only)

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Comments _____
Principal/Department Head Signature _____		Date _____
Job Number _____ Requested Substitute _____		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Comments _____
Human Resources Approval if Applicable _____		Date _____
Salary Deduction (Human Resources Use Only) <input type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Regular		