



Absence/Substitute Request Form

INSTRUCTIONS:

1. Must be completed for all absences.
2. Please check your contract to make sure these requested days are allowed.
3. Forward this Request Form via e-mail to your supervisor for approval (click on the submit button above).
4. Supervisor will return approved or unapproved copy via e-mail for your records.

Name:

Building:

Position:

Date(s) of Absence:

Total Number of Days Requested:

Time – From/To (Example: 6:00 AM – 2:30 PM)

Reason for Absence:

- ☐ Personal Illness
- ☐ Family Illness
- ☐ Personal/Emergency (PE) Day
- ☐ Vacation
- ☐ Bereavement
Relationship to Deceased
- ☐ School Business (specify reason)
- ☐ Other (specify reason)
- ☐ Conference/Workshop*

*Name of Conference/Workshop:

(Please Note: Request for Permission to Attend Form must also be completed & approved by Supervisor.)

Employee Signature:

Date:

RESPONSE:

☐ Approved

☐ Denied

Building Principal/
Supervisor Signature:

Date:

Human Resources Signature:
(Only if required by contract)

Date:

Comments:

Posted to Calendar: ☐

