

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 ☐ NoEmployee 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)

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