

\_\_\_\_\_  
NAME OF PERSON MAKING REQUEST

\_\_\_\_\_  
TODAY'S DATE

I am requesting the following day(s)

Dates expected to be absent:

**Conference or Workshop**

Name of Conference, Account to be used:

\_\_\_\_\_  
\_\_\_\_\_

**Personal Day**

(Request at least 5 days in advance except in cases of emergency  
**4 personal days allowed per year**)

**Personal days remaining after this request.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Sick Time**

(Please specify on this form if sick time is for self or family \*)

**Sick time remaining after this request.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Leave of Absence With Pay**

(Comp Time, School Business, IEP, ICT, Athletics)

**Reason:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Leave of Absence Without Pay**

**Reason:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING REQUEST

**Principal's/Supervisor's Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Substitute Name (Printed): \_\_\_\_\_ Job Number: \_\_\_\_\_

Substitute Signature: \_\_\_\_\_

Payroll/Attendance Updated By: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**

**\*Family member illnesses/appointments not to exceed 5 days per year.**