

NORTH EAST SCHOOL DISTRICT ABSENCE REQUEST FORM



EMPLOYEE NAME _____

DEPARTMENT/BUILDING _____

LEAVE TYPE REQUESTED: (Please consult your employment contract for available leave types)

- FULL DAY
 HALF DAY – AM
 HALF DAY - PM

<u>ABSENCE TYPE</u>	<u># DAYS REQUESTED</u>	<u>DATES</u>
<input type="checkbox"/> SICK DAY	_____	_____
<input type="checkbox"/> PERSONAL DAY	_____	_____
<input type="checkbox"/> VACATION DAY	_____	_____
<input type="checkbox"/> BEREAVEMENT	_____	_____
<input type="checkbox"/> UNPAID*	_____	_____

* Unpaid time off is only considered after available paid absences are exhausted and should be requested only in emergency or unusual circumstances. Please list the reason below or attach a letter of explanation.

Superintendent Approval of _____

Unpaid request

I understand that if the above day(s) are not available to me, I will be notified prior to the date requested. I also understand that days available are contingent upon the specific bargaining unit or individual contract that I am employed under. I will be notified of approval of days off via email or by copy of this request.

Signature of Employee

Date of Request

Signature of Supervisor (Superintendent approval for Admin.)

Date of Approval

Payroll Confirmation of Days Available

Date Received