

ABSENCE REQUEST /REPORT

Date(s) of Absence(s): _____ # of Days Absent _____ **OR** # of Hours Absent _____
Bus Drivers Food Service

Employee Name: _____ Building: _____

Employee Signature: _____ Date: _____ Position/Title: _____

Contractual Absence

- Sick Leave
 - Personal Leave
 - Funeral Leave
 - Emergency Leave
 - Vacation Leave
 - On the Job Injury
 - Jury Duty (Required to contact Payroll Dept.)
 - Other
- Self Family (list relationship) _____
- Relationship _____
- Reason _____
- Reason _____

Non-Contractual Absence (Salary Deduction)

Reason _____

Substitute Information

Is a substitute required? Yes No Substitute's Name _____
Job # _____

Use this space for any supporting information or comments regarding this request/report.

Do not Write Below - Administrative Use Only

Supervisor Signature Implies Approval by Supervisor

Superintendent / Designee

Date

Date

- APPROVED
- DENIED
- APPROVED WITH CONDITIONS STATED ABOVE.