

Dora Consolidated Schools

Absence Request Form



Absence Information

Employee Name: _____

Name of Substitute: _____

Type of Absence Requested:

- Sick Personal Bereavement 'Sick' Time off Without Pay
 Military Jury Duty Vacation Professional

Dates of Absence: From: _____ To: _____

Total Number of Days Requested: _____

Reason for Absence:

Employee Signature

Date

Supervisor Approval

- Approved
 Rejected

Comments:

Supervisor Signature

Date