

# Dora Consolidated Schools

Absence Request Form



## Absence Information

Employee Name: \_\_\_\_\_

Name of Substitute: \_\_\_\_\_

Type of Absence Requested:

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

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Number of Days Requested: \_\_\_\_\_

Reason for Absence:

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Employee Signature

Date

## Supervisor Approval

- Approved
- Rejected

Comments:

Supervisor Signature

Date