

ANDERSON SCHOOL
STAFF EMPLOYEE ABSENSE REQUEST

Name: _____ Position _____

Date(s) of absence:

Day Date am – p.m. –all day/hours

Day Date AM – PM –all day/hours

Leave will be authorized per master agreement

Please charge to:

- _____ 1. Illness/family illness
- _____ 2. Personal leave (according to policy)
- _____ 3. Professional leave _____
- _____ 4. School activity _____
- _____ 5. Jury/witness leave
- _____ 6. Leave without pay
- _____ 7. Bereavement leave
- _____ 8. Other _____

Please sign and return to the office

Employee Signature _____ Date _____

Principal _____ Date _____

Yes/No I have contacted a substitute

Sub preferred

Sub obtained