

White Sulphur Springs Public Schools

Absence Request

Absence Information

Employee

Name: _____

Type of absence Requested:

- | | | | |
|---|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Vacation | <input type="checkbox"/> Emergency | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Special leave
Leave W/O Pay | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Other | <input type="checkbox"/> Professional |

Date if Absence:

From: _____ **To:** _____

Reason for absence:

Name of Substitute: _____

You must submit request for absence, other than sick leave, two days prior to the first day you will be absent. In the event that sick leave or emergency leave is used, this form must be completed on your next working day.

Employee Signature

Date

Administrative Approval

- Approved
 Rejected

Comments:

Principal Signature

Date

Superintendent Signature

Date