

Date Recieved: \_\_\_\_\_

Time Recieved: \_\_\_\_\_

Recieved by: \_\_\_\_\_

# 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<br>Leave W/O Pay | <input type="checkbox"/> <b>Discretionary<br/>Leave</b> | <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