

MANCELONA PUBLIC SCHOOLS ABSENCE REQUEST FORM

Secretary _____
Payroll _____
Sub Caller _____

To be used when requesting personal business days, professional visiting days, conference days, funeral days, family illness days, or other such leave, with or without pay, covered by the contract. In cases of emergency, this form may be completed upon return to work.

Name: _____ Date: _____

Place date next to reason of Absence

Sick _____ Personal _____ Vacation _____

Bereavement _____ Comp Time _____ Deduct _____

Jury Duty _____ (Must attach copy of summons.)

Other _____ Describe _____

Conference _____ Describe _____ Acct. # _____

Professional Development ; (Must complete line below for credit)

Date _____ Hours _____ Category* _____ Acct. # _____

*See current year list of state-approved categories, 1-8.

Employee's Signature

To Be Completed by the Principal

Is there a reason why this leave should not be granted: _____

Principal's Signature: _____ Date: _____

APPROVAL

Approved: _____ Denied: _____

Reason: _____

Superintendent's Signature: _____ Date: _____