

TEACHER ABSENCE REQUEST

(use one form per absence)

Teacher Name: _____ Grade: _____
Length of absence: _____ Date(s) _____ ☐ a.m. ☐ p.m. ☐ all day
Will a substitute be required? ☐ yes ☐ no

☐ **Personal Day** (106)*

Request for fifth consecutive day as an unpaid day: ☐ yes ☐ no

If not approved by supervisor and appealed, final disposition by Director of Human Resources:

☐ Approved ☐ Not Approved REASON: _____

See Article X, Section G

Signature: _____ Date: _____

ILLNESS

☐ Personal Illness (108)

☐ Family Illness (109)

☐ Jury/Court Duty (116 or 106) (refer to Article X, H., 3a.b.c.)

BEREAVEMENT

☐ Spouse/Child (113)

☐ Parent/Grandparent/Sibling (114) (limit of 3)

☐ Other (115) (limited of 1)

COURT

☐ **COLLABORATIVE PLANNING** (123)*

Goal(s) for meeting: _____

Teachers Requesting Permission to Attend:

☐ **DISTRICT REQUIRED INSERVICE** (122)*

Subject: _____ Account # (if special) _____

☐ **EMPLOYEE CONFERENCE REQUEST** (121)*

Name or reason for conference: _____

EMPLOYEE SIGNATURE _____ **Date** _____

☐ Approved ☐ Not Approved

REASON (if not approved) _____

Supervisor Signature _____ **Date** _____

Comments _____

Principal/Supervisor: Keep this document on file in your building