

Henderson, Knox, Mercer and Warren Counties ROE #33

Absence Request Form

(Appendix N)

All employees must have the signature of the Regional Superintendent prior to taking time off except absence due to illness.

This form must be turned in upon return to work upon illness.

Absence Information

Employee Name: _____

Date: _____

Type of Absence Requested:

Sick

Vacation

Personal Time

Bereavement

Leave Days Requested:

Full Day

Half Day

Date or Date Range: _____

Return to Work Date: _____

Added To Calendar (By Supervisor)

Total Number of Working Days Requested: _____

Employee Signature: _____

Supervisor Signature: _____

Regional Superintendent Approval

Leave hours accrued to date: _____

Approved

Rejected

Comments:

Regional Supt./Asst. Regional Supt. Signature: _____