



## CERTIFICATED EMPLOYEE ABSENCE REQUEST FORM

This form is to be used by all **TEACHERS** who are planning to be away from the school for any reason. Please complete and submit to the Chief Academic Officer for approval.

Name: \_\_\_\_\_

Date(s) of  
Absence(s): \_\_\_\_\_

Time away from duties: \_\_\_\_\_ to \_\_\_\_\_

**Charge my Leave Balance:**

\_\_\_\_\_ Sick Time

\_\_\_\_\_ PNL

(Personal Necessity Leave)

**Do Not Charge my Leave Balance:**

\_\_\_\_\_ Bereavement

\_\_\_\_\_ Work Related Field Trip

\_\_\_\_\_ Work Related Meeting/Conf

\_\_\_\_\_ Jury Duty (Attach Court Notice)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date