



CLASSIFIED EMPLOYEE ABSENCE REQUEST FORM

This form is to be used by **NON-TEACHERS** who are planning to be away from the school for any reason. Please complete and submit to your supervisor for approval.

Name: _____

Date(s) of Absence(s): _____

Times away from duties: From _____ to _____

Charge my Leave Balance:

_____ Sick Time

_____ Vacation Time

_____ Comp Time

Do Not Charge my Leave Balance:

_____ Bereavement

_____ Personal Growth Leave

_____ Jury Duty (Attach Court Notice)

_____ Work Related Meeting/Conf

Employee Signature

Date

Immediate Supervisor Signature

Date

Director Signature

Date