

NEW MILLENNIUM

ABSENCE REQUEST

Name (Last, First) _____

Request Date _____

Position Title _____

Certified

Classified

Absence Dates: / /
From Date

 / /
To Date

Current Available Hours

Total No. of Hours

Reason for Absence Request: *Check one*

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Vacation (Classified Only) | <input type="checkbox"/> Personal Necessity (family illness/bereavement/personal business) | | |
| <input type="checkbox"/> Sick | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Field Trip | <input type="checkbox"/> Maternity |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Compensatory Time | <input type="checkbox"/> Religious Holiday | |

Explanation _____

Reminders Substitute Assigned? Yes / No Curriculum Arranged? Yes / No

Authorization

Employee Signature

Director's Signature

Supervisor's Signature

Director Name and Date

Supervisor Name and Date

