

**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

\_\_\_\_\_  
Director Name and Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor Name and Date