REQUEST FOR UNEXPECTED ABSENCE

Name _____ Date_____

Position/School _____

Length of Absence _____ Date of Absence _____

Time: From _____ a.m. p.m. to _____ a.m. p.m.

Reason for Request: _____

_____

_____

_____

_____

_____

Will a Substitute be Necessary: YES _____ No _____

[ ] Approved [ ] Disapproved _____
Immediate Supervisor

[ ] Approved [ ] Disapproved _____
Director of Personnel

Route:

1. Immediate Supervisor
2. Director of Personnel
3. Payroll
4. Personnel File