

WIGGINS SCHOOL DISTRICT RE-50J
EMPLOYEE ABSENCE REQUEST

Name: _____

Date(s) to be absent: _____

Time substitute is needed: _____

Special note to substitute: _____

Lesson plans are located: _____

Name of substitute preferred: _____

REASON FOR ABSENCE:

Refer to policy GBGG/GBGJ/GBGK for definition and guidelines

_____ # of days requested – **Sick Leave** (employee or immediate family, past or pending)

_____ # of days requested – **Personal Leave** (must be requested 48 hours in advance)

_____ # of days requested – **Bereavement Leave** (immediate family only)

_____ # of days requested – **Professional Leave** (staff development request approved by principal prior to this request)

_____ # of days requested – **Vacation** (12-month employees only)

_____ # of days requested – **Civil** (jury duty w/any compensation received to be paid to school district)

_____ # of days requested – **Other** (school business/meetings)

_____ # of days requested – **Without Pay**

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____
(indicates approval of request)