



NOTICE OF ABSENCE

Please complete this form if you are or will be absent from your position for three (3) consecutive days

Date _____

Employee Name _____

Building _____

Dates of Leave _____

Return to Work Date _____

Reason for Leave:

Leave to be covered by:

Personal/Vacation _____

Sick Leave (doctor's excuse must be submitted) _____

Bereavement Leave _____

Time Off Without Pay (Board Approval Required) _____

Employee Signature _____ Date _____

Acknowledged by:

Principal/Administrator _____ Date _____

Superintendent Signature _____ Date _____