

SALIDA SCHOOL DISTRICT R-32-J

ABSENCE FROM DUTY FORM

Rev 1/15/14

Directions: Please complete this form and submit it to your supervisor at least five days prior to the date of the anticipated leave. In the event of illness or unexpected leave, please complete this form and submit it to your supervisor on the date of your return. All personal leave and vacation requests require pre-approval from your supervisor. District procedure establishes limitations on the use of personal leave (exceptions may be granted by the Superintendent under special circumstances).

Submit original to Central Administration Office; retain a copy in campus office

Employee's Name: _____ Today's Date: _____

Campus/Department: _____

List the **DATE(S)** that you are requesting for your absence: _____

Time: _____ Total time used (in hours+minutes) _____

Check which apply

Sick Leave Personal Leave Vacation Comp Time

Professional Leave (attending a conference/training/activity on behalf of the school district)

Please specify event you are attending _____

Other _____

Substitute required? Yes No

Building Secretary Use:

Name of substitute _____

Employee's signature _____

Supervisor's signature _____ Date _____

approved

denied