

SALIDA SCHOOL DISTRICT R-32-J

ABSENCE FROM DUTY FORM

Rev 11/12/2018

Complete this form and submit it to your supervisor at least five days prior to the date of the anticipated leave. All leave requests require pre-approval from your supervisor. In the event of illness or unexpected leave, please complete this form and submit it to your supervisor on the date of your return.

Negotiated leave policies (NP) can be found in the GB and GC sections of School Board policies. (The use of personal leave establishes limitations so please review policy GBGN-N)

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

Campus/Department: _____

List the date(s) and time(s) that you are requesting for your absence: _____

Check leave requested:

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 _____

Submit original form to the Central Administration Office and retain a copy in campus office

Employee's signature _____

Employee Called In Sick
No Signature Required

Supervisor's signature _____ Date _____

approved
 not approved