

Today's Date: _____ Name: _____

Number of days requesting to be absent from duties: _____

Beginning date: _____ Ending date: _____

Justification: _____

Request:

<input type="checkbox"/>	Sick
<input type="checkbox"/>	Personal
<input type="checkbox"/>	Professional

Signature of person making request: _____

Substitute Needed: Full Day

Half Day Morning Afternoon

No Sub

For Office Use Only:

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
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Principal Signature: _____

Substitute(s): _____