

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

Number of days requesting to be absent from duties: \_\_\_\_\_

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Justification: \_\_\_\_\_

Request:  Sick  
 Personal  
 Professional

Signature of person making request: \_\_\_\_\_

Substitute Needed: Full Day   
Half Day Morning  Afternoon   
No Sub

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For Office Use Only:

Approved

Rejected

Principal Signature: \_\_\_\_\_

Substitute(s): \_\_\_\_\_