

# Clayton Ridge Community Schools

## Absence Request

Employee Name \_\_\_\_\_

Dates of Absence \_\_\_\_\_

# of Days Absent \_\_\_\_\_

Please check type of Leave

<input type="checkbox"/>	Sick Leave	For my illness or injury
<input type="checkbox"/>	Family sick	For my spouse illness or injury
<input type="checkbox"/>	Family sick	For my child illness or injury
<input type="checkbox"/>	Family sick	For my parent illness or injury

IF any of the above are to attend a doctor appointment for illness or injury please note date/time/location \_\_\_\_\_

Personal Leave

Professional Leave

Bereavement Leave for loss of

<input type="checkbox"/>	Spouse, Child, or Parent
<input type="checkbox"/>	Brother, Sister, Grandparent, Grandchild
<input type="checkbox"/>	Father-in-law, Mother-in-law
<input type="checkbox"/>	Son-in-law, Daughter-in-law, Brother-in-law, Sister-in-law
<input type="checkbox"/>	Other:

Vacation Leave

Jury or Legal Leave

Discretionary/Emergency Supt Approval \_\_\_\_\_

Unpaid

I certify that the above information is correct.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

Substitute Name \_\_\_\_\_

Substitute's signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY \_\_\_\_\_