

RSU #16

ALL EMPLOYEES

(Administrators/Teachers/Support Staff)

ABSENCE REQUEST FORM

(TO BE FILLED OUT FOR ANY ABSENCE REQUIRING THE APPROVAL OF THE SUPERINTENDENT)

❖ Please read your contract relating to the use of personal and/or vacation days.

EMPLOYEE INFORMATION:

DATE _____ NAME _____ SCHOOL _____

POSITION _____

DATE(S) REQUESTED <small>(indicate half day or full day increments)</small>	PERSONAL	VACATION	OTHER (Indicate what)

ATTENTION..... All employees (admin, teachers and all support staff)
Please state below, in the provided area, the **reason** for this request **only if** the requested day.....

- Falls before or after a holiday **OR**
- Falls before, after or on a workshop day **OR**
- Falls before or after a vacation day (if you are entitled to vacation days).

REASON: _____

PAID _____ UNPAID _____ DAYS REMAINING **AFTER** ABOVE REQUEST _____

EMPLOYEE SIGNATURE _____ DATE _____

PRINCIPAL/SUPERVISOR:

Is a substitute required? _____

Approve Paid _____ Approve Unpaid _____ Deny _____

PRINCIPAL'S/SUPERVISOR'S SIGNATURE REQUIRED _____ Date _____

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PAYROLL VERIFICATION (to be completed by Payroll Manager) _____

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SUPERINTENDENT:

Approve _____ Approve Unpaid _____ Deny _____

SIGNATURE _____ Date _____