

TRI-COUNTY EDUCATIONAL SERVICE CENTER

Staff Absence Request
Submit one form per category.

Name of Substitute _____

Name _____ Dates (s) of Absence _____

Total Days Requested (*quarter day increments only*) _____

I hereby certify that it was necessary for me to be absent from my regular duties due to the following:
(Please check applicable category)

Sick Leave
Reason for absence: _____

Vacation - *Must be arranged at least 2 days prior to the date requested.*

Personal Leave - *Must be requested 24 hours in advance, unless an emergency.*
Must be used for personal obligations that are necessary and compelling for the specific activity identified below that cannot be done outside of the work day.

- _____ Family Events
- _____ Community Events
- _____ Business Transactions
- _____ Legal Transactions
- _____ School District Calamity Days
- _____ Other: specify reason _____

Professional Leave

Jury Duty

FMLA (Family Medical Leave Act) - *Must be approved prior to taking leave.*

IEP / ETR Meeting (Preschool Staff Only)

Short-Term Unpaid (1-5 days) - *Must be approved prior to taking leave.*

I further certify that I have read Board policy and am requesting this leave in accordance with that policy.

Employee Signature _____ *Date*

Approved Not Approved _____ *Supervisor's Signature* _____ *Date*

Approved Not Approved _____ *Director's Signature* _____ *Date*

Approved Not Approved _____ *Superintendent's Signature* _____ *Date*

All approvals are pending certification of available leave from the Treasurer's Office.

Please copy as needed. You will only receive a copy back if disapproved.