



St. Joseph School

Immaculate Conception School

Don Bosco High School

FACULTY/STAFF ABSENCE REQUEST FORM

This form must be completed and approved prior (2 weeks for personal days) to the anticipated absence.

Name: _____ Duty Assignment: _____

Dates of Requested Absences: _____ Total Days Missed: _____

Half Day Missed: AM or PM

The following absences require approval of the principal:

_____ Doctor Appointment (_____)

_____ Personal Day(s)

_____ Funeral

_____ Personal Day(s) w/o pay

_____ Personal Illness

_____ Professional Leave

_____ Illness, family member (_____)

_____ Student Supervision

_____ Jury Duty

_____ Other Absence (_____)

Employee

Date

_____ APPROVED WITH PAY

_____ APPROVED WITH OUT PAY

_____ NOT APPROVED

Principal

Date

Substitute Hired: _____