

Date Received by Admin. Office: \_\_\_\_\_

## Switzerland County School Corporation

### Absence Request Form:

#### Absence Information

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

School: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Type of Absence Requested:

- Sick       Vacation       Bereavement       Time Off Without Pay  
 Personal       Jury Duty       Military       Other: *Please specify:* \_\_\_\_\_  
\_\_\_\_\_

Requested Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_  
(if more than 1 day)

*\*You must submit requests for absences, other than sick leave, prior to the first day you will be absent. **Vacations of 1 week or more require a request 2 weeks prior to the first day you will be absent.** Vacation leave may be limited by the immediate supervisor to assure the efficient operation of the school. A "black out period" is in effect for vacations of 1 week or more when students are in session. **If an exception is needed, please contact the Superintendent.***

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*Employee Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

#### Principal / Supervisor Approval

- Approved       Comments:  
 Rejected

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*Principal / Supervisor Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

#### Superintendent Approval

- Approved       Comments:  
 Rejected

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*Superintendent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Date Returned to Employee: \_\_\_\_\_

Revised: 1/24/2014