

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.***

Employee Signature *Date*

Principal / Supervisor Approval

- Approved Comments:
 Rejected

Principal / Supervisor Signature *Date*

Superintendent Approval

- Approved Comments:
 Rejected

Superintendent Signature *Date*

Date Returned to Employee: _____

Revised: 1/24/2014