

ACH SCHOOLS REQUEST FOR ABSENCE LEAVE

All school employees are required to submit this request form to the principal's office before the planned absence/leave. In the event of illness, the employee shall submit this request form immediately after returning to work.

Please note: The more lead time we have, the easier it is to arrange for coverage.

NAME: _____ POSITION _____

TODAY'S DATE _____ TOTAL DAYS REQUESTED _____

<u>TYPE OF LEAVE</u>	<u>DATE OF LEAVE</u>	<u>FULL OR HALF DAY</u>
___ Personal Illness	_____	_____
___ Medical, Dental, etc.	_____	_____
___ Family Illness	_____	_____
___ Personal leave	_____	_____
___ Jury Duty	_____	_____
___ Bereavement	_____	_____
___ Vacation	_____	_____
___ Leave without pay	_____	_____
___ Class/Workshop	_____	_____
___ Coaching	_____	_____
Other _____	_____	_____

Employees signature _____ Principal's approval _____

Substitute _____ Date called _____