

**Notification of Employee Absence
Request for Personal Leave / Sick Leave / Unpaid Leave / Vacation**

Employee's Name _____ Date Submitted _____

Position _____ District/Building _____

Date(s) Requesting Leave _____

Length of Absence: ___ 1/4 day ___ 1/2 day ___ 3/4 day ___ Full Day Total Number of Days _____

Time: Beginning _____ a.m. / p.m. to _____ a.m. / p.m.

REASON FOR ABSENCE:

Vacation (for 10, 11 and 12 month employees only)

Sick Leave ___ Personal Illness or Injury ___ Illness, Injury, or Death in Immediate Family (Refer to Policy #4432)

Name of immediate family member: _____

Relationship of immediate family member: _____

Name of physician: _____

Date physician consulted: _____

Personal Leave Reason for Absence: _____
(Refer to Policy #3436)

Unpaid Leave Reason for Absence: _____
Attach request for leave without pay detailing reason for leave. **SUPERINTENDENT APPROVAL REQUIRED.**

I understand that by signing this form it is certification by me that the facts and statements contained herein are true and correct.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

ACESC Use Only:

Approved Disapproved If disapproved, state reason _____

Signature of Superintendent _____ Date _____

Return form to the ACESC at the address above.