

Independent School District #317

Employees Request to be Absent from Duty

This form shall be completed by all staff persons who are performing duties outside of the regular work place or when a request is being made to be absent from the duties to which the staff person has been assigned. **THREE WORKING DAYS ADVANCE NOTICE PLEASE.**

NAME OF EMPLOYEE _____ TODAY'S DATE _____

CLASSIFICATION OF EMPLOYEE (please check)

- Administrator
- Teacher
- Clerical
- Custodian
- Bus Driver/Mechanic
- Cook
- Aide
- Indian Education Staff
- Community Education Staff
- Other _____

DATE(S) OF REQUESTED ABSENCE _____

REASON FOR REQUEST (please check)

- Circle One if: BSAT DSAT GRAD RULE TITLE I
- Workshop/Professional Meeting/School Business _____
(please explain: sponsor, title of workshop, etc.)
- Teacher Personal Leave
- Support Staff Personal Leave
- Bereavement leave... () Non family () Immediate Family _____
Relationship
- Association leave
- Medical
- Other _____
(please explain)

REIMBURSEMENT REQUEST

- Lodging (nights) _____ \$ _____
- Meals (specify) _____ \$ _____
(\$6/brkfst, \$9/lunch, \$16/dinner)
- Mileage _____ \$ _____
- Other _____ \$ _____

REVIEWED BY:

_____ Date _____
Building Principal

Signature of BSAT/DSAT Rep. If applicable _____

APPROVED BY:

_____ Date _____
Superintendent

Recorded by _____