

- New Request**
- Changed Request**

Name		
Building Assignment	Today's Date	Date of Absence
Aesop Confirmation Number:		

**PLEASE INDICATE YOUR CATEGORY THEN MARK THE TYPE OF DAY REQUESTED**

<input type="checkbox"/> ADMINISTRATOR	<input type="checkbox"/> TEACHER	<input type="checkbox"/> CLERICAL	<input type="checkbox"/> CUSTODIAL/MAINT
--	----------------------------------	-----------------------------------	--

Bereavement - Indicate the relationship of the decease & attach a copy of the death notice. \_\_\_\_\_

Emergency Day - Please explain the reason for the request, giving specific details and attach copies of relevant notices.

---

(You may use the back of this form if necessary.)

Jury Duty - Upon return to the district, a copy of your receipt of payment must be submitted to central office.

Legal Leave - Please explain the nature of the request, giving specific details and attach copies of relevant notices. You may use the back of this form if necessary.

Military Leave

Unpaid Leave - Please explain the nature of the request, giving specific details and attach copies of relevant notices. You may use the back of this form if necessary.

Extended Sick Leave (Beyond 3 consecutive days)

**Notification of Long Term Absences** - Disability leaves, elective surgery, etc. requires a physician's statement in advance to be followed by a medical release prior to returning to work

FMLA Day

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

APPROVAL IS CONTINGENT UPON APPROVAL BY THE FOLLOWING ADMINISTRATORS:

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Date