

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

ADMINISTRATOR	TEACHER	CLERICAL	CUSTODIAL/MAINT
<p>Bereavement - Indicate the relationship of the deceased & attach a copy of the death notice. _____</p> <p>Emergency Day - Please explain the reason for the request, giving specific details and attach copies of relevant notices.</p> <p>_____</p> <p>(You may use the back of this form if necessary.)</p> <p>Jury Duty - Upon return to the District, a copy of your receipt of payment must be submitted to Central Office.</p> <p>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. _____</p> <p>Military Leave – Please attach a copy of Military documentation/orders.</p> <p>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. _____</p> <p>Extended Sick Leave - Beyond 3 consecutive days (Please attached physician's note)</p> <p>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.</p> <p>FMLA/Intermittent FMLA Day – Must have prior authorization before utilization of this designation.</p>			

 Signature of Employee Date

APPROVAL IS CONTINGENT UPON APPROVAL BY THE FOLLOWING ADMINISTRATORS:

 Signature of Principal or Supervisor Date

 Signature of Superintendent or Designee Date