

Clayton Ridge Community Schools

Absence Request

Employee Name _____

Dates of Absence _____

of Days Absent _____

Type of Leave _____
(Please see reverse side of this form.)

I certify that the above information is correct.

Employee's signature _____ Date _____

Substitute Name _____

Substitute's signature _____ Date _____

For Office Use Only	
	# of Days
Sick Leave	_____
Family Sick Leave	_____
* Personal Day	_____
* Professional Day	_____
* Bereavement	_____
* Phase III	_____
Other	_____
Unexcused	_____
*Must be pre-approved.	

APPROVED BY _____

Clayton Ridge Community Schools

Absence Request

Employee Name _____

Dates of Absence _____

of Days Absent _____

Reason (Be Specific) _____

I certify that the above information is correct.

Employee's signature _____ Date _____

Substitute Name _____

Substitute's signature _____ Date _____

For Office Use Only	
	# of Days
Sick Leave	_____
Family Sick Leave	_____
* Personal Day	_____
* Professional Day	_____
* Bereavement	_____
* Phase III	_____
Other	_____
Unexcused	_____
*Must be pre-approved.	

APPROVED BY _____