



Employee Pre-Arranged Absence Form

(TURN IN IMMEDIATELY FOLLOWING ABSENCE FOR ENTRY)

Date: _____

I. GENERAL INFORMATION

First Name	Middle Name	Last Name	Suffix
Employee Identification Number			
Position Title: _____			
Location of Employment: _____			

II. Leave Request Information

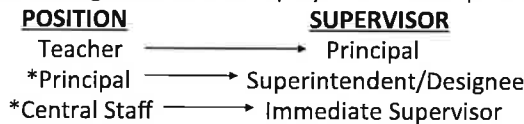
Absence Reason Code	Absence Reason Description	Total Days Requested	Leave Date(s) Requested	Notes/Comments
300	Vacation Leave	_____	_____	_____
325	Sick Leave	_____	_____	_____
330	Personal Leave	_____	_____	_____
335	Professional Learning Leave*	_____	_____	_____
	**If System Professional Learning Leave must be Pre-Approved by Central Office Administrator			
	Central Office Administrator Name: _____			
350	Leave Without Pay	_____	_____	_____
370	Military Leave	_____	_____	_____
375	Jury Duty (Attach Summons)	_____	_____	_____
376	School Witness (MUST BE DIRECTLY RELATED TO JOB. Attach Subpoena.)	_____	_____	_____
	Assigned Duty Away	_____	_____	_____
340	**Please Indicate reason for Duty Away in Notes**			
	(Athletics, Field Trip, Testing, Curriculum, In-Building, Fine Arts, etc.)			

Correction Information

The following pre-arranged absence(s) was/were approved but was/were not used

Absence Reason Code	Absence Reason Description	Date(s)	Notes/Comments
300	Vacation Leave	_____	_____
325	Sick Leave	_____	_____
330	Personal Leave	_____	_____
335	Professional Learning Leave	_____	_____
350	Leave Without Pay	_____	_____
370	Military Leave	_____	_____
375	Jury Duty (Attach Summons)	_____	_____
376	School Witness (Attach Subpoena)	_____	_____
340	Assigned Duty Away	_____	_____

Approval of this form requires the signature of an employee's direct supervisor as indicated below:



Employee's Signature	Date of Signature
Supervisor's Signature	Date of Signature
*Central Office Approval Where Required	Date of Signature