

## EMPLOYEE ABSENCE REQUEST FORM

(To be filled out and given to Supervisor PRIOR to absence if possible or immediately upon return)

Name: \_\_\_\_\_ School \_\_\_\_\_ Position \_\_\_\_\_

Substitute Required? Yes \_\_\_\_\_ No \_\_\_\_\_ Date(s) Absent \_\_\_\_\_ Hours Absent: \_\_\_\_\_

***Please charge this leave against:***

**Discretionary Leave (Policy GCCA)**

Sick Leave: \_\_\_ Personal Illness \_\_\_ Family illness \_\_\_ Medical/Dental/Optical Appt

Non-Family Bereavement (Friends/non-family)

Personal Business Leave

**Bereavement Leave (Policy GCCH)** Up to 5 days per year, with pay, to be issued in the event of death in the employee's family as defined in GCCA. (Attach documentation)

Spouse / Name: \_\_\_\_\_

Children / Name/s: \_\_\_\_\_

Siblings / Name/s: \_\_\_\_\_

Parent's or Grandparents / Name/s \_\_\_\_\_

Grandchildren / Name/s: \_\_\_\_\_

**Jury Duty (Policy GCCD)** (*Attach copy of jury summons*) (*Must turn in Jury Duty pay if also paid by S.M.U.S.D.*)

**Professional Leave (Policy GCCE)** (*Attach documentation*) *The following guidelines will be used in granting time and/or travel expense: Value of meeting, funds available, and availability of substitute...*

EVENT: \_\_\_\_\_

**Vacation Leave (Policy GCD or GDD)** / 12 month employee's ONLY

**Compensatory Time**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved**

**Not Approved**

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Policy GCCA: Discretionary leave will NOT be granted without prior approval during the following periods:**

- **On the day immediately preceding or following a holiday or vacation.**
- **During the first two (2) weeks of school or the last two (2) weeks of school.**
- **On student early dismissal days, or staff in-service training days.**
- **Requests shall be acted upon in order of receipt, and the availability of substitutes, if necessary, may limit the number of requests granted at any one time.**