

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.**