



# DELTON KELLOGG SCHOOLS

## STAFF REQUEST FOR ABSENCE

Name of Person Requesting Leave:

School/Department:

TYPE OF LEAVE:

Personal Business (24 hr. advance notice required)  Vacation Day  Jury Duty

Comp. Day  Sick Leave  Funeral/Immediate Family  Unpaid Leave

No Sub Needed  Sub Need Substitute Request \_\_\_\_\_

Reason for Absence:

DATE(S) OF ABSENCE:

Date :

Whole Day

Half Day AM  PM

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Comments:

Above request is:

Approved  Disapproved

Comments: \_\_\_\_\_

Signature of Central Office Designee \_\_\_\_\_ Date \_\_\_\_\_

Original: Central Office

Copy: Building Office

Copy: Employee