

WELD COUNTY RE-9 SCHOOL DISTRICT
STAFF ABSENCE FROM WORK FORM

When requesting to be absent from work, please complete this form. Submit it to your building administrator for approval **AT LEAST THREE (3) DAYS PRIOR** to the intended absence.

TODAY'S DATE

YOUR NAME

FULL DAY

HALF DAY

DATE(S) REQUESTING TO MISS WORK AND TIME(S) TO BE ABSENT

PURPOSE:

BEREAVEMENT LEAVE

PROFESSIONAL (SCHOOL DISTRICT RELATED LEAVE) (PLEASE DESCRIBE)

WILL A SUBSTITUTE BE REQUIRED: _____ YES _____ NO

IF YES, TO BE PAID BY: _____ EMPLOYEE

DISTRICT

B.O.C.E.S.

OTHER (EXPLAIN) _____

STAFF MEMBER'S SIGNATURE

PRINCIPAL/SUPERVISOR: _____ APPROVED _____ DISAPPROVED _____

PRINCIPAL/SUPERVISOR SIG.

SUPERINTENDENT: _____ APPROVED _____ APPROVED WITH DOCK _____ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

HAS BEEN ENTERED INTO RECORDS _____

INITIALS