



Absence/Substitute Request Form

INSTRUCTIONS:

1. Must be completed for all absences.
2. Please check your contract to make sure these requested days are allowed.
3. For pre-arranged absences, submit this form to your supervisor at least two weeks prior to the date of absence and request the substitute through the computerized Subfinder System.
4. If you must cancel this request, please notify the building administrative assistant and the computerized Subfinder System.

Name: _____ Sub, if applicable: _____ ☐ Confirmed
Last Name First Name Last Name First Name

Building: _____ Subject/Grade/Position: _____

Date(s) of Absence: _____ Total Number of Days Requested _____

Time - From: _____ To: _____

Reason for Absence:

☐ Conference/Workshop*

☐ Bereavement - Relationship to Deceased

☐ Personal Illness

☐ Association Day

☐ Family Illness

☐ School Business: _____

☐ Personal/Emergency (PE) Day

☐ Other: _____

☐ Vacation/Paid Leave

*Name of Conference/Workshop: _____

*Please Note: Request for Permission to Attend Form must also be completed & approved by Supervisor

Employee Signature: _____ Date: _____

RESPONSE:

☐ Approved

☐ Denied

Building Principal/
Supervisor Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____
(Only if required by contract)

(Supervisors: Please be sure to return signed form to employee requesting time off and to whomever is responsible for payroll)