

CLASSIFIED EMPLOYEE ABSENCE FORM

Food Service Employees

NAME: _____ LOCATION: _____ DATE: _____

SIGNATURE: _____ EMP #: _____ POSITION: _____

TYPE OF ABSENCE:

☐ Personal ☐ Child* Sick Leave
**Child Under 18 or Under 20 attending secondary school*

☐ Family Sick Leave
Relationship: _____

☐ Bereavement Leave
Relationship: _____

☐ Longevity Day *(Request at least 3 days in advance)*

☐ Jury Duty - *You must reimburse the district if you receive payment for serving.*

☐ Professional Leave

☐ Personal Leave - *no reason*

☐ Other - *Checking this box indicates absence is with NO PAY*
Reason: _____

Reason: _____

Date(s) Absent: _____

Total Days Absent: _____

NOTE: *When complete, please print this form then forward a copy to your immediate supervisor. If you wish to keep a copy of your absence request, please make a copy before submitting this form for approval. No copy of this form will be returned to the employee unless it is denied. Employees may view approval status in Skyward.*

FOR APPROVAL AND PAYROLL USE - DO NOT WRITE BELOW THIS LINE

SUBSTITUTE INFORMATION

Substitute: ☐ Yes ☐ No

Substitute Name: _____

Supervisor's Signature: _____

Abseence Approved: ☐ Yes ☐ No

Date: _____

Absence with Pay: ☐ Yes ☐ No

If no, hrs docked: _____ Amt. Docked: \$ _____

Director of Human Resource Signature: _____