

**HAZEL CREST SCHOOL DISTRICT 152 1/2
REQUEST FOR ABSENCE**

NAME _____ (PLEASE PRINT)

Job Title _____ Building _____

DATE OF ABSENCE (Please list each date)

TOTAL DAYS ABSENT _____

I WAS/WILL BE ABSENT FOR THE FOLLOWING REASON:

SICK LEAVE _____ PERSONAL LEAVE _____ VACATION LEAVE _____

PROFESSIONAL LEAVE _____ OTHER LEAVE _____

DESCRIBE _____

Absentee's Signature/Date

COMMENTS: _____

DO NOT TEAR APART

Supervisor's Signature/Date

Superintendent's Signature/Date

FOR ADMINISTRATIVE CENTER USE:

COMMENTS: _____

**IF THIS REQUEST IS FOR A PROFESSIONAL MEETING LEAVE, A COPY OF THE PROGRAM MUST BE ATTACHED.

**IF THIS REQUEST INCLUDES FOUR (4) CONSECUTIVE DAYS OF ABSENCE FOR AN ILLNESS, A PHYSICIAN'S STATEMENT MUST BE ATTACHED.

**IF THIS REQUEST IS FOR A PERSONAL DAY, THIS FORM MUST BE SUBMITTED AT LEAST 48 HOURS IN ADVANCE.