



Last Name:	First Name:	Unit/Group: <input type="checkbox"/> STA <input type="checkbox"/> CSEA <input type="checkbox"/> SUSA <input type="checkbox"/> SAA <input type="checkbox"/> Non-Rep
Date(s) of Absence(s):	<input type="checkbox"/> Full Day <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only <input type="checkbox"/> Hours Absent ____	

Please check the appropriate reason for your absence below, making sure to complete any required information. Then follow the indicated routing instructions.

- Sick Leave
- Personal Leave (CSEA must state reason if less than 5 days notice) ____
- Family Illness Leave (CSEA, SUSA, SAA, Non-Rep Only)
- Vacation (CSEA, SUSA, Non-Rep Only)
- Hourly Absence (CSEA Hourly Only) (state reason) ____
- Bereavement (state relationship) ____
- Jury Duty (attach documentation)
- Mammogram/Prostate Screen (CSEA, SUSA, Non-Rep 4 hr. max.; SAA, STA ½ day max.)

Routing Instructions:

Return to your building's main office prior to or the day you return from your absence.

Professional Development (Please check appropriate descriptor below)

- District Goal Area (specify) ____
- Conference/Course/Workshop (specify) ____
- School Visitation (specify) ____
- Instructional Planning (specify) ____
- Other (specify) ____

Routing Instructions:

Submit to your building's Council on Professionalism (COP) at least 2 weeks prior to your absence. Approved requests should be forwarded to the building's main office. (SAA members - submit directly to your supervisor.)

Date of COP Action: _____ **Status:** Approved Not Approved

- APPR
- Elementary Coordinators' Meeting
- District-Wide Grade Level Meeting/Planning Teams (i.e. Elementary Summits)
- District-Wide Committee (specify) ____
- CSE Meeting
- Assessment: Testing/Scoring (i.e. F&P, ELP, Math) (specify) ____
- Department-Related Curriculum (specify) ____
- Planning Teams (specify) ____
- Mentor/Protégé Session
- Field Trip (specify) ____
- Union Business (Union Representatives ONLY)(reason) ____
- Athletics (specify) ____
- Other (specify) ____

Routing Instructions:

Submit to your Academic Administrator and Principal for approval. The main office will retain the original; the employee should receive a copy.

Employee Signature

Date

Administrator/Principal Signature

Date

Administrator/Principal Signature

Date