



AMORY SCHOOL DISTRICT



Personnel Absentee Request Form

All sections of the form must be completed.

Please print

NAME _____ Date _____

I am requesting to be off on:

Monday	Date _____	Full Day	Half Day
Tuesday	Date _____	Full Day	Half Day
Wednesday	Date _____	Full Day	Half Day
Thursday	Date _____	Full Day	Half Day
Friday	Date _____	Full Day	Half Day

Circle One

Date to return to work: _____

**PLEASE RETURN TO BUSINESS OFFICE
UPDATED 10-23-17**

Please Circle Type of Leave (A leave type must be selected)

- | | |
|--------------------------------|--|
| (1) Sick Day | (M) Military |
| (2) Personal Day | (P) Professional Day
<i>In District or Out of District Training for any Staff.</i> |
| (3) Vacation Day | (SACF) Sports/Activities/Clubs/Field Trips
<i>If you are out of your classroom/position for any of these reasons.</i> |
| (4) With Out Pay (Hourly Only) | (J) Jury Duty |

Explain: i.e. Training, Conference, or explanation of reason out this day.
If needed.

Employee Signature _____

Approved _____ Date _____
 Denied _____
Principal/Supervisor