

GLENBARD TOWNSHIP HIGH SCHOOL DISTRICT 87
DISTRICT 87 EMPLOYEES

REQUEST FOR ABSENCE FROM WORK

REVISED 7/1/06

Please complete this form and submit it to your supervisor for approval. This form will then go to the Human Resources Secretary, Roberta Crowe for attendance entry.

* Items must be included on all forms

NAME _____ OFFICE _____

DATE OF REQUEST _____ DATE(S) TO BE ABSENT _____

TIME LEAVING _____ TIME RETURNING _____

* NUMBER OF HOURS TO BE DEDUCTED _____

REASON FOR ABSENCE

Check One: _____ I request that this be deducted from my salary.

_____ I request that this be counted as sick leave.

_____ I request that this be counted as personal leave.

_____ I request that this be counted as vacation.

_____ Comp Time (**attach log sheet with supervisor signature**)

_____ Other (_____)

Employee Signature

Approved _____

Denied _____

Supervisor Signature