

**ABSENTEE REQUEST FOR ALL DISTRICT PERSONNEL  
Hay Springs School District 81-0003**

Name of Employee: \_\_\_\_\_ Duty: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

\_\_\_\_\_

Time of Absence: \_\_\_\_\_

Absence to be Charged To: (Check One)

\_\_\_\_\_ **DUTY**

\_\_\_\_\_ **JURY DUTY**

\_\_\_\_\_ **LEAVE WITHOUT PAY (To be approved by administrator)**

\_\_\_\_\_ **PAID TIME OFF/VACATION**

\_\_\_\_\_ **PERSONAL LEAVE (As per negotiated agreement)**

\_\_\_\_\_ **PROFESSIONAL LEAVE**

\_\_\_\_\_ **SICK LEAVE** \_\_\_\_\_

\_\_\_\_\_ **OTHER** \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Signature certifies that the above information is correct, authorizes verification of appointment dates, and acknowledges that falsification of this statement shall be grounds for disciplinary action including dismissal.
2. This application must be approved by the supervisor and filed with the business office prior to payment for days of absence.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_