

**ANIMAS PUBLIC SCHOOLS EMPLOYEE ABSENCE REQUEST**

**TO BE COMPLETED BY ALL EMPLOYEES WHEN MAKING AN ABSENCE REQUEST OR UPON RETURNING TO WORK FOLLOWING AN UNEXPECTED ABSENCE. Except for emergency, all requests should be submitted 1 week prior to absence.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATE(S) OF ABSENCE \_\_\_\_\_

CIRCLE FOR 1/2 DAYS                      1/2                      1/2                      1/2                      1/2                      1/2                      1/2

\_\_\_\_\_

1/2                      1/2                      1/2                      1/2                      1/2                      1/2                      1/2

**REASON FOR ABSENCE- PLACE AN X IN THE APPROPRIATE SPACE**

**SICK LEAVE \_\_\_\_\_ (INCLUDES EMPLOYEE/FAMILY ILLNESS OR DEATH)**

**PERSONAL LEAVE \_\_\_\_\_ (PERSONAL BUSINESS)**

**JURY DUTY, ANNUAL, OR OTHER \_\_\_\_\_ (PLEASE ATTACH EXPLANATION OR JURY SUMMONS)**

**PROFESSIONAL LEAVE \_\_\_\_\_ (PLEASE ATTACH AGENDA OR TRAINING SCHEDULE-REQUIRES PRIOR SUPERVISOR AND SUPERINTENDENT APPROVAL)**

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERVISOR APPROVAL SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERINTENDENT APPROVAL SIGNATURE**

\_\_\_\_\_  
**DATE**

**(THIS PORTION FOR OFFICE USE ONLY)**

**ABSENCE WITH PAY \_\_\_\_\_**

**SALARY DEDUCTION \_\_\_\_\_**

.....  
**SUBSTITUTE REPORT**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

**DATES SUBSTITUTE WORKED \_\_\_\_\_**

**TOTAL DAYS \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ TOTAL \_\_\_\_\_**

**RATES:**

- **HS DIPLOMA- \$64.00**
- **60 COLLEGE HOURS- \$74.00**
- **COLLEGE DEGREE - \$82.00**
- **CAFETERIA/CUSTODIAN SUBS- \$8.00/HOUR**