

**Carbon Cliff-Barstow SD #36
Eagle Ridge School**

ABSENCE FROM DUTY REQUEST

Employee's Name: _____ Date: _____

Type of leave requested:

_____ Sick leave	_____ Inservice/Professional Meeting**	_____ Association Leave
_____ Personal Leave	_____ Bereavement Leave	_____ Jury Duty / Legal
_____ Leave without Pay	_____ Vacation (ESP personnel)	_____ Other
_____ IEP / SIP		

**Explanation: _____

Dates of Absence Requested: _____

Total Work Days Requested: _____ AM / PM

(Employee Signature)

For Office Use Only

_____ Excused with pay	_____ Excused without pay
_____ Request for absence denied	_____ Account used _____

Comments: _____

(Superintendent)

(Date)