

ALL STAFF TO COMPLETE - please print

Employee Name: _____

Date Submitted: _____

REQUESTED DAYS OFF AND/OR REQUESTED DAYS FOR A SUBSTITUTE

Date(s) Requested: _____ a.m. / p.m. / all day
 _____ a.m. / p.m. / all day
 _____ a.m. / p.m. / all day
 _____ a.m. / p.m. / all day
 _____ a.m. / p.m. / all day

Note:

Absence Reports on pay stub.

If time is not approved, a copy of this form will be returned to employee.

REASON FOR ABSENCE/SUBSTITUTE (if required)

7:30-11:15 11:15-3:00

12 Month Employees & Members of Support Union

a.m. p.m. all day

Personal / Sick / Bereavement Leave (12 month employees & Support Union)

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** Used for personal or family illness, bereavement, or personal business.

** After 5 consecutive days of absence for illness an employee may be required to provide a doctor's certification.

All requests for Personal Leave must be made at least five (5) working days in advance. Such requests must have the approval of the immediate Supervisor before submitting to the Superintendent. Personal Leave may not be used to extend any holiday or vacation period. In the event of extenuating circumstances, upon his/her discretion, the Superintendent may waive the above mentioned conditions for personal leave. **See Wyoming Support Service Contract**

a.m. p.m. all day

Vacation Leave (12 month employees & Support Union)

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Members of Teachers Union

a.m. p.m. all day

Personal Leave**Maximum - 3 days**

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Notification for personal leave must be made at least five (5) working days in advance. Personal leave may not be used to extend any vacation or holiday period. In the event of extenuating circumstances upon his/her discretion, the Superintendent or his designee may waive the above conditions for personal leave. **See WTA Contract**

a.m. p.m. all day

Sick Leave (Teachers Union)

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Thirteen days for personal, family illness or disability, bereavement, medical appointments that cannot be scheduled at any other time than during school hours. **See WTA Contract**

All Staff

a.m. p.m. all day

Cancer Screening (.50 w/ supporting Cancer Screening Form)

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a.m. p.m. all day

Other **Please see Supervisor for Clarification of Absence Reason**

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Employee Signature_____
Supervisor Signature**ADMINISTRATION TO COMPLETE**

Is employee eligible for time requested?

☐ yes☐ noNotes for consideration _____

Superintendent's Approving Signature