



**GREENVILLE PUBLIC SCHOOL DISTRICT
SPECIAL ABSENCE REQUEST**

Name _____ Department or School _____ Date _____

Day(s) of Requested Absence: Beginning _____ Ending _____

Total Workday(s) Requested _____

Note: When requesting personal leave, this form must be completed and returned to the principal or immediate supervisor not less than three (3) days prior to the requested absence. Requests for absence in all other categories, except sick, should be at least seven (7) days prior to the date of the anticipated absence, or as soon as the employee knows that an absence is needed.

CAUSE OF ABSENCE

Sick Leave	Personal Leave	Vacation Leave	School Related Leave	Jury Duty	Military Leave	Other Leave Specify
_____	_____	_____	_____	_____	_____	_____ _____

***SCHOOL RELATED LEAVE/PROFESSIONAL DEVELOPMENT**

Identify school goal that this leave/meeting will help accomplish: _____

Date that you will make your presentation _____

Cost of meeting _____ Funding Code _____

Employee Signature _____ Date _____

(To be Completed by Immediate Supervisor)

Date Request Received: _____

Action of Supervisor: _____ Approved _____ Date _____ Not Approved _____ Date _____

If approved, Substitute's Name _____ Time Worked _____

Comments: _____

Immediate Supervisor Signature _____ Date _____

(To be completed by Business Office only if School Related Leave/Professional Meeting)

Date Request Received: _____ Are funds available? _____ Yes _____ No _____

Signature/Title _____ Date _____

(To be Completed by Superintendent)

Date Request Received: _____

Actions by Superintendent: _____ Approved _____ Not Approved _____

Signature _____ Date _____

Use This Report on All Employees

DISTRIBUTION: White/Payroll, Blue/Curriculum, Green/Human Resources, Pink/Federal Programs, Canary/Immediate Supervisor, Goldenrod/Employee