EMPLOYEE ABSENCE REQUEST

Warren City Schools ... Warren, Ohio

Please TYPE all necessary information on this form.

Name of Employee _____ Building _____ Date _____

The building principal and department supervisor/director are to make the decision to recommend approval or disapproval of this request in accordance with the Rules and Regulations of the Board of Education, Warren City School District, for the period and reason indicated below. *FORM MUST BE SENT TO FRINGE BENEFITS OFFICE PRIOR TO THE DATE OF ABSENCE.*

Period: Beginning _____ Ending _____

No. of days to be Absent: Work Days_____ Non-Work Days _____ Total Days _____

If Personal Leave, number of Personal Leave days used this school year _____

PERSONAL LEAVE:

- ☐ Personal Leave - UNRESTRICTED
- ☐ Personal Leave - RESTRICTED; must give reason: _____

- ☐ JURY DUTY; must attach summons
- ☐ RELIGIOUS HOLIDAY LEAVE; indicate holiday: _____
- ☐ SALARY DEDUCTED LEAVE; must give reason: _____
- ☐ PROFESSIONAL LEAVE; must give reason: _____
- ☐ SCHOOL BUSINESS LEAVE; must give reason: _____
- ☐ ASSOCIATION LEAVE; must give reason: _____
- ☐ OTHER; must give reason: _____

	NO	YES	EST.COST
Substitute Requested	☐	☐	$ _____
Mileage or Fares	☐	☐	$ _____
Registration	☐	☐	$ _____
Meals	☐	☐	$ _____
Lodging	☐	☐	$ _____
Other (explain)	☐	☐	$ _____
		TOTAL	$ _____

From What Fund? _____

From What Project? _____

_____ Date _____ *Signature of Employee*

	NO	YES		
Request Recommended for Approval by Principal.	☐	☐	*Date*	*Signature of Principal*
Request Recommended for Approval by Department Supervisor/Director	☐	☐	*Date*	*Signature of Supervisor/Director*

Comments by Principal/Department Supervisor/Director: _____

EMPLOYEE ABSENCE AUTHORIZATION

To be completed by Superintendent of Schools:

- Absence Granted / Expenses Authorized ..... ☐
- Absence Granted / Expenses Not Authorized ..... ☐
- Absence Granted but with deduction from salary ..... ☐
- Absence Denied ..... ☐

Remarks: _____

_____

_____ *Date* _____ Superintendent/Designee Signature