



Absent Teacher Request Report

Complete in advance with the exception of unexpected illness.

Absent Teacher Information:

Name: _____ Date of Absence: _____
Please print

Length of Absence:

- Half Day (at least 4 hours): Date(s) _____
- Full Day (at least 8 hours): Date(s) _____
- Less than 4 hours (no reporting of AVSL): Date(s) _____

Do you need a substitute?

- Yes— if yes, the Substitute Teacher Report must be completed by the substitute

Date(s): _____ Class Periods: _____
Name of substitute(s): _____

- No

Please verify the dates/class periods of absence and reason:

- | | |
|-----------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Floating Holiday |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Funeral Leave |
| <input type="checkbox"/> Parental Leave | <input type="checkbox"/> Conference Travel (professional devt. off Uni campus) |
| <input type="checkbox"/> FMLA | <input type="checkbox"/> Short Absence (any other <i>school-related</i> absence) |

Date(s): _____ Class Periods: _____

Notes (please give more detail, except for FMLA): _____

Absent Teacher Signature: _____ Date: _____

Approval, Associate Director:: _____ Date: _____

If the Associate Director is absent, please have the Director sign.

Absent teacher: Please record full and half days in AVSL as appropriate.

Office use only: _____

The Business Manager will initial their copy: _____