

FRANKLIN ELEMENTARY ABSENCE FROM DUTY REQUEST

Name: _____

Date: _____

Cause of Absence: _____

Date (s) of Absence: _____

Type of Leave requested:

(Please check one):

- *Personal Business
- Personal Illness
- Family Illness – Specify Relationship _____
- Death of Relative – Specify Relationship _____
- Vacation

**(Personal Business Leave should be requested with 24 hour notice)*

Employee Signature: _____

Approved Disapproved *(for reasons listed)* :

Principal's Signature: _____