

MFL MarMac COMMUNITY SCHOOL DISTRICT

STAFF ABSENCE REQUEST

Name _____

Date(s) _____

AM []

PM []

All Day []

Check Type of Leave Requested :

Certified Personnel Leave

Sick _____

Personal or Business _____

Professional _____

Bereavement (A) (B) _____

Family Illness _____

Absence w/o Pay _____

School Directed _____

Jury or Legal _____

Organization _____

Educational _____

Classified Personnel Leave

Sick _____

Personal or Business _____

Professional _____

Bereavement (A) (B) _____

Family Illness _____

Absence w/o Pay _____

School Directed _____

Jury Duty _____

Organization _____

Vacation _____

Signature of Staff _____

Signature of Substitute _____

Signature of Principal _____

Signature of Superintendent _____

Number of Days _____

Number of Hours _____