

Reading School District
EMPLOYEE REQUEST FOR
ABSENCE

Name

Building

Position	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Nurse	<input type="checkbox"/> Cafeteria Staff <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Maintenance/Custodial	<input type="checkbox"/> Clerical <input type="checkbox"/> Security
	Grade/Subject	/	or Department
Date & Time	Absence To begin:		Total time ½ day
	To return:		Full day days
Reason For Absence	<input type="checkbox"/> Emergency/Compelling Reason <input type="checkbox"/> Vacation <input type="checkbox"/> Death in Family <i>(State Relationship in Comments)</i>		
	<input type="checkbox"/> Personal Day <input type="checkbox"/> At Will <input type="checkbox"/> Other <input type="checkbox"/> Jury Duty <i>(attach summons)</i>		
Leave of Absence	Type of Leave Requested: NOTE: Upon receipt of this request by the HR Department you will be provided with additional information and forms necessary to complete your request.		
	<input type="checkbox"/> Child Rearing <input type="checkbox"/> General <input type="checkbox"/> Disability <input type="checkbox"/> Military <input type="checkbox"/> Family Medical <input type="checkbox"/> Sabbatical		
Comments	Please provide a brief explanation to support your request for time away from work:		

Substitute needed: Yes No

I understand that this absence is requested and final approval granted pursuant to the time off specifications contained in school board policy and/or in the current applicable collective bargaining agreement with the Reading School District.

Employee Signature

Date

Principal Signature

Date

Approved Yes No

Foreman/Supervisor

Date

Approved Yes No

Director

Date

Approved Yes No

Human Resources

Date

Denial Explanation (please Initial):