

STAFF ABSENCE REQUEST
MFL MarMac COMMUNITY SCHOOL DISTRICT

Name: _____ AM: ___ PM: ___ All Day: _____

Dates Requested: _____

REASON	NUMBER OF HOURS	SUBSTITUTE DESIGNATION	NUMBER OF HOURS
Sick 011		High School 071	
Family Illness 134		Middle School 075	
Personal 012		Upper Elementary (4/5) 087	
Professional - Include description below 133		Elementary 072	
Educational - Include description below 132		Special Education 074	
Bereavement A 129		Chapter/Title 073	
Bereavement B 130		ELI 185	
Jury Duty 131		TLC 180	
Organizational 135		Core 176	
Vacation 010		Head Cook Diff	
Absence without Pay			
Other:			
Total Number of Hours Requested:		Total Number of Hours Substitute Worked:	

Description (if applicable): _____

Signature of Staff: _____

Signature of Substitute: _____

Signature of Supervisor: _____

(Please note that you must use WHOLE hours of leave, unless your contract specifies differently.)