

**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:			
<b>Total Number of Hours Requested:</b>		<b>Total Number of Hours Substitute Worked:</b>	

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.)***