

ABSENCE REQUEST FORM

INSTRUCTIONS: Please complete this form and submit (with copy of backup documentation) for appropriate approval signatures. This form is to be used by any employees who expect to be absent from duties other than for vacation, emergency or sick leave.

NAME OF ALL ATTENDEE	(S) and TITLE(S): (Attach list if ne	cessary)	
DATE(S) REQUESTED TO E	BE ABSENT: (beginning)		
		RETURN T	
DESTINATION: Facility (if a	pplicable), city, state		
(No Acronyms)	nce, meeting, field trip – location/de		
	PONSORED BY:		
INSTITUTIONAL VALUE: (Reason for attending)		
ESTIMATED EXPENSES: Is a check needed to take with you? Y/N	# of meals (up to \$4	·0 per day)	\$
Is a check needed to take with you? 1/N	Ground Transportation costs (car **Air Fare: See Below	rental, taxi, train, parking, etc.)	-
If yes, please use the source requisition form & include back-up information. Use	Personal Vehicle (Est. round-trip	miles @ IRS rat	e)
final totals only, including tax.	Other (Conference registration, r	nemberships, etc.) Total	
BUDGET CODE:BUDGET NAME			
DATE	SIGNATURE(S)		
	CHECK ALL STATEMENTS W		
*Classes missed? class assignment	Yes No (circle one) Absence requirement.	ce is authorized contingent upon	compliance with the
Expenses are to be	e paid by individual and/or outside		(Please circle)
	authorized. School Automobile completed and a copy attached to this		(Transportation
**Air (Air travel	must be arranged through the Su	<u>iperintendent's office)</u>	
Other			
Division Chairperson (if applied	cable) Date	Vice President	Date
Manager or Supervisor	Date	Superintendent	Date

^{*}Instructors are to provide assignments for their classes to the VP of Instruction at least three days prior to absence.