

Unionville-Chadds Ford School District
Human Resources Office
ADVANCE REQUEST FOR ABSENCE

NOTES: _____

PART I (COMPLETED BY EMPLOYEE)

NAME: _____ DATE SUBMITTED: _____

LOCATION: _____

DATE OF ABSENCE(S): _____

CYCLE DAY(S): A B C D E F

REASON FOR ABSENCE:

____ PERSONAL DAY ____ SICK DAY ____ VACATION

____ BEREAVEMENT (Relationship: _____)

____ CONFERENCE/SCHOOL BUSINESS (Title: _____)

____ OTHER (Explain: _____)

LENGTH OF ABSENCE: ____ FULL DAY ____ ½ DAY AM ____ ½ DAY PM

SUBSTITUTE REQUIRED: ____ YES ____ NO PREFERRED SUB _____

PART II (COMPLETED BY SUPERVISOR)

____ APPROVED ____ DENIED (Rationale: _____)

SUPERVISOR SIGNATURE _____

DATE _____

PART III (COMPLETED BY OFFICE STAFF)

Approved absence submitted to STS:

DATE _____

HR 012

White Copy – Employee

Yellow Copy – Principal/Supervisor

REASON FOR ABSENCE :

____ PERSONAL DAY ____ SICK DAY ____ VACATION DAY

____ BEREAVEMENT (Relationship: _____)

____ SCHOOL BUSINESS IN DISTRICT (Title of Event: _____)

____ SCHOOL BUSINESS OUT OF DISTRICT (Title of Event: _____)

____ CONFERENCE (Title of Conference: _____)

____ OTHER (Explain: _____)

LENGTH OF ABSENCE: ____ FULL DAY ____ ½ DAY AM ____ ½ DAY PM

SUBSTITUTE REQUIRED: ____ YES ____ NO PREFERRED SUB: _____