



# Request to Be Absent ~ Absences 5 or More Days

**CONFIDENTIAL & TIME SENSITIVE**

**PLEASE COMPLETE THIS FORM AND RETURN TO THE BENEFITS SPECIALIST  
AT CENTRAL OFFICE 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE.**

EMPLOYEE INFORMATION		
<b>Employee Name:</b>	<b>Employee #:</b>	<b>Date:</b>
<b>Work Location:</b>	<b>Position:</b>	
<b>Telephone Number:</b>	<input type="checkbox"/> HOME <input type="checkbox"/> CELL	

ABSENCE INFORMATION	
<input type="checkbox"/> <b>With Pay</b>	<input type="checkbox"/> <b>Without Pay</b>
<b>Absence Start Date:</b>	<b>Anticipated Last Day Absent:</b>
<i>(Doctor's Disability Release Form <u>must</u> be on file prior to return to work)</i>	
<b>Name of Substitute (if available):</b>	

TYPE OF ABSENCE	
<input type="checkbox"/> <b>Absence 5/+ Days</b>	<input type="checkbox"/> <b>Intermittent Absence*</b> <small><i>(Please note additional information required below)</i></small>
<b>* For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). Intermittent absences must be medically necessary and documented in a current "Certification of Health Care Provider..."</b>	

REASON(S) FOR LEAVE
<p><i>Please indicate the applicable reason(s) for your leave below.</i></p> <p><input type="checkbox"/> Employee's Own Medical or Sick Leave</p> <p><input type="checkbox"/> Personal or Medical Leave for Immediate Family</p> <p><input type="checkbox"/> Childbearing Leave</p> <p><input type="checkbox"/> Child-Rearing Leave <i>(Leave Without Pay)</i></p> <p><input type="checkbox"/> Military Leave</p> <p><input type="checkbox"/> Other – Please Specify: _____</p>

EMPLOYEE SIGNATURE:	
<i>Employee:</i>	<i>Date:</i>

APPROVALS:	
<i>Building Principal/Supervisor:</i>	<i>Date:</i>
<i>Human Resources:</i>	<i>Date:</i>

For Office Use Only:
<i>Accrual Balances:</i>
<i>Sick:</i>
<i>Personal:</i>
<i>Vacation:</i>