## QUITMAN SCHOOL DISTRICT ABSENCE REQUEST FORM

Absence requests are preferred to be received via Active Resources in lieu of the completion and submission of this form.

Employee Name:	Date:
School/Department:	Job Title:
I am requesting to be absent from work for: Nu	mber of days absent:
Beginning date of absence:///	Return to work date://
Reason for Absence and Leave Classification (check one)  Verify leave availability before selection to avoid docking of pay	
Sick-Self Sick-Family (indicate relatio	nship)
Sick-Bereavement (limited to 3 consecutive days)	
Personal Vacation Jury Duty	☐ Military ☐ Unpaid ☐ Other
Explanation if reason for absence is marked as '	other," or additional comments:
A medical certificate must accompany this absence request form when the sick absence is for four (4) or more consecutive school days, or for two (2) consecutive school days immediately preceding or following a non-school day, or on the first day of the school term, or on the last day of the school term, or on a day previous to a holiday or a day after a holiday.  Personal and Vacation leave cannot be taken on the first day of the school term, the last day of the school term, nor on a day previous to a student holiday or a day after a student holiday.	
The subpoena to serve on Jury Duty must accompany this absence request form when applicable.	
Military orders must accompany this absence request form when applicable.	
Employee's Signature:	
Approved ( ) Denied ( ) Denied Reason	
Supervisor:	Date:
Approved absence requests must be submitted submission due date.	d to the Payroll Office at the next Pay Period