ABSENCE REQUEST

Name (Last, First)		_	Request Date
			8
Position Title		_	Certificated
Position Little			Classified
			Cidssilled
Absence Dates:			
	From Date		To Date
	Current Available Hou	ire	Table
	1,00		Total No. of Hours
Reason for Absence R	equest: Check one	9	
Vacation (Classified	Only) Person	al Necessity (fami	ly illness/bereavement/personal business)
Sick	Jury Du		Field Trip Maternity
Professional Develop	oment Compe	nsatory Time	Religious Holiday
Explanation			
Reminders	Substitute Assistanda	V /II	
101111111111111	Substitute Assigned?	Yes / No	Curriculum Arranged? Yes / No
Authorization			
mployee Signature			
Pirector's Signature			Consort of Gi
U			Supervisor's Signature
irector Name and Date			Supervisor Name and Date



NEW MILLENNIUM



Office Supply Request

Prepared Rv		Date Received:				
Prepared By: Date Completed: Please allow 48 hours to have your request com						
				Date Needed	Prepared By	Verified by Teacher
	- 5					
		-q				
	Please allow 4	Please allow 48 hours to have y Date Prepared				