HILLDALE PUBLIC SCHOOLS LEAVE REQUEST/REPORT OF ABSENCE

TO BE COMPLETED PRIOR TO AN ABSENCE

I (Print Name)am requesting the following leave, according to district policy:	
DATE(S) OF ABSENCE: List days individually (One sheet per week)	
CERTIFIED STAFF:	SUPPORT STAFF: FULL DAY
TYPE OF ABSENCE: (SELECT THE REASON FOR ABSENCE)	
☐ SICK LEAVE ☐ VACATION	FUNERAL: (MUST CHOOSE ONE BELOW)
☐ PERSONAL LEAVE ☐ VACATION BASE	NK
☐ SUPERINTENDENT APPROVED (Chargeable To Sick Leave) ☐ APPROVED SCHOOL DUTY REASON:	
STAFF MEMBER'S SIGNATURE DATE	PRINCIPAL/SUPERVISOR'S SIGNATURE APPROVED DATE DATE
BOTTOM PORTION TO BE SIGNED IMMEDIATELY FOLLOWING AN ABSENCE I hereby certify to the Board of Education that I was absent from my school duties on the above listed date(s) for the reasons specified. My signature verifies that all information is true and that I understand and followed the district policy related to leave. STAFF MEMBER'S SIGNATURE DATE PRINCIPAL/SUPERVISOR'S SIGNATURE DATE	
SUBSTITUTE INFO: Use extra lines as needed for additional days or additional subs.	
Date(s): Sub Name:	Full Day 1/2 AM 1/2 PM
Date(s): Sub Name: Full Day 1/2 AM 1/2 PM	
Date(s): Sub Name:	Full Day 1/2 AM 1/2 PM
Date(s): Sub Name:	