

**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)

<p align="center"><b>CERTIFIED STAFF:</b></p> <p><input type="checkbox"/> FULL DAY    <input type="checkbox"/> HALF ½ AM    <input type="checkbox"/> HALF ½ PM</p> <p>IS SUBSTITUTE NEEDED:    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>HOURS FOR SUB TO COVER:</p> <p><input type="checkbox"/> 1    <input type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4    <input type="checkbox"/> 5    <input type="checkbox"/> 6    <input type="checkbox"/> 7</p>	<p align="center"><b>SUPPORT STAFF:</b></p> <p><input type="checkbox"/> FULL DAY</p> <p><input type="checkbox"/> PARTIAL DAY:</p> <p>Time leaving: _____</p> <p>Time Returning: _____</p>	<p align="center"><b>OFFICE USE:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Total Hours Absent: [ ]</p>
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**TYPE OF ABSENCE: (SELECT THE REASON FOR ABSENCE)**

SICK LEAVE                                     VACATION                                    **FUNERAL: (MUST CHOOSE ONE BELOW)**

PERSONAL LEAVE                                     VACATION BANK                                     1<sup>ST</sup> OR 2<sup>ND</sup> DEGREE (3 DAYS AVAILABLE)

SUPERINTENDENT APPROVED (Chargeable To Sick Leave)                                     BEYOND 1<sup>ST</sup> OR 2<sup>ND</sup> DEGREE (1 DAY AVAILABLE)

APPROVED SCHOOL DUTY -- REASON: \_\_\_\_\_

STAFF MEMBER'S SIGNATURE	DATE	PRINCIPAL/SUPERVISOR'S SIGNATURE	DATE
		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	

**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
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**SUBSTITUTE INFO: Use extra lines as needed for additional days or additional subs.**

Date(s): _____	Sub Name: _____	<input type="checkbox"/> Full Day <input type="checkbox"/> ½ AM <input type="checkbox"/> ½ PM
Date(s): _____	Sub Name: _____	<input type="checkbox"/> Full Day <input type="checkbox"/> ½ AM <input type="checkbox"/> ½ PM
Date(s): _____	Sub Name: _____	<input type="checkbox"/> Full Day <input type="checkbox"/> ½ AM <input type="checkbox"/> ½ PM
Date(s): _____	Sub Name: _____	<input type="checkbox"/> Full Day <input type="checkbox"/> ½ AM <input type="checkbox"/> ½ PM
Date(s): _____	Sub Name: _____	<input type="checkbox"/> Full Day <input type="checkbox"/> ½ AM <input type="checkbox"/> ½ PM