

HCA STAFF ABSENCE REQUEST

STAFF NAME:

TODAYS DATE:

TYPE OF LEAVE: **PERSONAL**
 PROFESSIONAL

DATE(S) FOR
REQUESTED ABSENCE:
From To

I HAVE NOTIFIED OTHER TEACHERS AFFECTED BY THIS FIELD TRIP

SCHEDULE:

LIST SPECIFIC CLASSES
TO BE COVERED INDIVIDUALLY

CLASS TIMES

OFFICE USE ONLY:

DESIGNATED SUBSTITUTE: _____

APPROVED

DENIED

COMMENTS: