

HCA STAFF ABSENCE REQUEST

STAFF NAME:	TODAYS DATE:
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TYPE OF LEAVE:	Personal	HOW MANY DAYS OF PTO BEING USED:
	Professional	

Full days:

DATE(S) FOR REQUESTED ABSENCE:	
From	To

Half days:

I HAVE NOTIFIED OTHER TEACHERS AFFECTED BY THIS FIELD TRIP

SCHEDULE:

List specific classes to be covered individually, or if you will be gone for multiple days please attach a copy of your schedule.

CLASS TIMES

OFFICE USE ONLY:
DESIGNATED SUBSTITUTE: _____
APPROVED
DENIED
COMMENTS: