



# Arthur CUSD #305 Absence Request

\*Requests for absences other than sick leave must be submitted two (2) school days prior to the first day you will be absent.

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

### Type of Absence Requested:

- Sick/Doctor   
  Personal Day   
  Professional Day   
  Spec Ed Staffing

Date of Absence(s): \_\_\_\_\_

Circle:                  am                  pm                  all day

\* Complete this portion if you are applying for a Professional Day to attend a Conference/Workshop.

Name of Conference/Workshop: \_\_\_\_\_

Registration Costs:        \$ \_\_\_\_\_

Mileage:                        \$ \_\_\_\_\_

Substitute Teacher:        \$ \_\_\_\_\_                  Total Cost: \$ \_\_\_\_\_

**Please complete reverse side including rationale for the conference.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature                   Approved     Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature (if applicable)                   Approved     Denied

\_\_\_\_\_  
Date

### Office Use Only:

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Substitute Found: \_\_\_\_\_

Date: \_\_\_\_\_

