

CPS ABSENCE APPROVAL FORM
(this form is to be used for all absence requests)

Date:_____ **Employee Name:**_____ **Bldg:**_____

Employee Category: ☐ Administrator ☐ Office Personnel ☐ Faculty ☐ Custodial

SUBSTITUTE: _____

Date Requested:_____ ☐ Full Day ☐ Half Day - (☐ a.m. -or- ☐ p.m.)
Date Requested:_____ ☐ Full Day ☐ Half Day - (☐ a.m. -or- ☐ p.m.)
Date Requested:_____ ☐ Full Day ☐ Half Day - (☐ a.m. -or- ☐ p.m.)

Leave Type: (you may choose only one leave per form)

- ☐ Jury Duty
☐ Professional Conference _____
☐ School/Athletic Event _____
☐ Personal/Sick Leave
☐ Funeral
☐ Vacation
☐ Other _____

Acknowledgement Signature

I hereby affirm that my use of leave is in accordance with the provisions of Board Policy. I understand that use of leave outside the language of Board Policy is subject to disciplinary action.

Print Name

Signature of Requestor

Supervisory Use Only:

- ☐ Request Approved
☐ Request Denied
☐ Cannot Approve at this level

Reason for denial, if applicable: _____

Supervisor's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____