



SAN MIGUEL HIGH SCHOOL
STUDENTS WORKING FOR A BRIGHTER FUTURE

Absence Request

Employee Name: _____

Date(s) of Absence: _____

Time Missed:

- Full Day
- 1/2 Day
- 1/4 Day
- _____ Hours

Type of Absence:

- Employee Illness
- Personal Leave (Faculty Only)
- Bereavement
- Jury Duty
- Time Off Without Pay
- Family Illness
- Professional (Faculty Only)
- Maternity/Paternity
- Vacation (12 Month Employee Only)

Employee Signature: _____ Date: _____

Approval

- Approved
- Rejected

Comments:

Supervisor's Signature: _____ Date: _____

Please submit this form to your Supervisor 48 hours before your anticipated absence or if ill, 24 hours after you return. If requesting vacation time, submit at least two weeks prior to the first day you will be absent.