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**APPLICATION FOR**

**ABSENCE OTHER THAN ILLNESS**

**To be submitted to LEARN’s Central Office at least one week prior to the requested date.**

|  |  |
| --- | --- |
| **Printed Name**: Click or tap here to enter text.  | **Job Title and Location**: Click or tap here to enter text. |
|  |  |
| **Date(s) of Requested Leave**: Click or tap here to enter text. | **Substitute Needed**: [ ] Yes [ ] No |

|  |
| --- |
| **REASON FOR ABSENCE:** |
| [ ] Emergency/Necessary/ReligiousReason for Request:Click or tap here to enter text. | [ ]  Bereavement | [ ]  Vacation | [ ]  Jury Duty |

Signed: Click or tap here to enter text.

 *Staff Member*

|  |
| --- |
| **ACTION BY DIRECTOR/COORDINATOR/SUPERVISOR:** |
| [ ]  Recommended with pay | [ ]  Recommended without pay | [ ]  Not recommended |

Signed: Click or tap here to enter text.

 *Director/Coordinator/Supervisor*

**SPECIAL NOTES/COMMENTS**

Click or tap here to enter text.