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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/Religious  Reason 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.