

# DEKALB HIGH SCHOOL

## REQUEST FOR LEAVE/ABSENCE

DATE \_\_\_\_\_

FROM \_\_\_\_\_

1. Request for leave or absence for other than emergencies must be submitted to the office no later than 7 days prior to the anticipated date.

2. The following information is required:

a. SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

b. Date(s) From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

c. Full day \_\_\_\_\_ Half Day \_\_\_\_\_

d. Reason for absence:

\_\_\_\_\_

e. State Leave \_\_\_\_\_ Personal \_\_\_\_\_ School Related \_\_\_\_\_

f. Name of Substitute (if known):

\_\_\_\_\_

3. The lesson plan, work and other information required by the Substitute is located:

\_\_\_\_\_

\_\_\_\_\_

Signature

# DEKALB HIGH SCHOOL

## REQUEST FOR LEAVE/ABSENCE

DATE \_\_\_\_\_

FROM \_\_\_\_\_

1. Request for leave or absence for other than emergencies must be submitted to the office no later than 7 days prior to the anticipated date.

2. The following information is required:

a. SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

b. Date(s) From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

c. Full day \_\_\_\_\_ Half Day \_\_\_\_\_

d. Reason for absence:

\_\_\_\_\_

e. State Leave \_\_\_\_\_ Personal \_\_\_\_\_ School Related \_\_\_\_\_

f. Name of Substitute (if known):

\_\_\_\_\_

3. The lesson plan, work and other information required by the Substitute is located:

\_\_\_\_\_

\_\_\_\_\_

Signature