MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT
STAFF ABSENCE REPORT

PART I. TO BE COMPLETED BY EMPLOYEE

Employee: _____ Date: _____

I request approval for being absent from work on the following date(s):

_____

This absence is for:			
	Leave Time (Certified Staff Only) *If leave time is immediately before or after a school break/recess, indicate the reason below.*		Death Leave (relationship of relative): _____ _____
	Sick Leave		Vacation
	Personal Business (transaction of personal business and/or the conduct of personal or civic affairs which cannot be scheduled outside of regular school hours) *Note: The third day cannot be used to extend a vacation.*		Professional Leave (check one) _____ Case Conference/ACR _____ In-Service (co-op area) _____ In-Service/Meeting (outside co-op)
	Family Illness Leave State family member/relationship: _____		Other (i.e. Jury Duty, Temporary Disability, etc.) Specify _____ _____ _____

_____
Employee Signature

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PART II. TO BE COMPLETED BY EMPLOYER

Date Received: _____ ☐ Approved

☐ Denied

_____ _____
Supervisor Date

Comments: _____