

(Appendix N)

Henderson, Knox, Mercer, and Warren Counties ROE #33

Absence Request Form

All employees must have the signature of the Regional Superintendent prior to taking time-off except absence due to illness. This form must be turned in upon return to work upon illness.

Absence Information

Employee Name: _____

Type of Absence Requested:

- Sick Vacation Bereavement Personal Time

Dates of Absence: Date: _____ Time: _____ = Hrs. _____

Date: _____ Time: _____ = Hrs. _____

Date: _____ Time: _____ = Hrs. _____

Employee Signature _____ *Date* _____

Supervisor Signature _____ *Date* _____

Regional Superintendent Approval

- Approved
 Rejected

Comments:

Regional Supt./Asst. Regional Supt. Signature _____ *Date* _____