



# POLK SCHOOL DISTRICT

## Absentee Request Form

Staff Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Date of Absence: \_\_\_\_\_ Location: \_\_\_\_\_

**Reason for Absence:**

**Please Indicate:**

_____ Code 1 – Sick Leave	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Code 2 – Personal Leave	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Code 5 – Professional Learning	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Code 7 – Superintendent Leave	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Vacation Leave	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Other	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
			_____ a.m.	_____ p.m.

**Explanation for Superintendent / Other Leave:**

Staff Signature: \_\_\_\_\_

Supervisor: \_\_\_\_\_

- No reason, other than PERSONAL, should be noted if your absence is due to personal reason.
- Personal leave request must be turned in 7 calendar days prior to date of leave.
- If you are requesting Superintendent Leave, a Code 7 form must be completed and signed by your supervisor and superintendent 7 calendar days prior to date of leave.