
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.