Absence / Leave Request

To request planned leave, or report an illness, please complete this form.
Submit this report to Dr. Robershotte upon completion.
Planned leave must be approved in advance.

Employee Name: _____

Date(s) requested: _____

Regular working hours: _____

Is a substitute required? _____

Salaried employees: Length of absence

Full Day _____
Half Day _____
Extended number of days: _____ Days

Reason for absence: Personal / Illness _____
Other: _____

Hourly Employees: Hours requiring coverage: _____

Above period will be covered by (name of employee): _____

Who can be reached at (phone number): _____

_____ _____
Date Submitted Employee Signature

_____ _____
Date Approved Directors Signature