



# ABSENCE MANAGEMENT ENTRY REQUEST

**Date of Request:**

**School/Department:**

**Employee Name:**

**Employee ID #:**

**Select one of the following absence reasons:**

**Professional Leave:**

- PL>13 CTAE
- PL>13 Fine Arts
- PL>13 Gen Fund
- PL>13 Instruc Training
- PL>13 Pre-K
- PL>13 SPED/PEC
- PL>13 Title IV ASP
- PL>17 Gear Up
- PL>17 PEP
- PL>18 Title IIA
- PL>19 PL Dept Use ONLY
- PL>20 Title I
- PL>21 Title I Sch Imp
- PL>26 Title III LEP
- PL>29 SIG
- PL>33 Title III Immgrnt

**Sick Leave:**

- Employee Illness
- Family Illness
- Sick Family W/O Pay
- FMLA
- FMLA W/O Pay
- Sick in lieu of W/C
- Sick Maternity
- WC Doc Appt
- WC Indemnity

**Personal Leave:**

- COVID-19 Related
- COVID-19 School Closing
- Personal Leave
- Admin Leave w/Pay
- Bereavement
- Jury Duty
- Jury Subpoena Non-Personal
- Jury Subpoena Personal
- Leave W/O Pay
- Military Leave
- Critical Day Personal
- Suspension W/O Pay
- Vacation/Annual

**Vacancy Name (if applicable):**

**Date(s) of Absence:**

**Start & End Time of Absence:**

**Please explain why this absence was not entered in vj g'Absence Management U{ ugo '(Aesop):**

**Employee Signature:**

**Date:**

**Principal/Director's Signature:**

**Date:**

*\*Please submit this form to the "Absence Management Administrator" in the Human Resources Department*

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**HUMAN RESOURCES USE ONLY:**

Date Received:

\*\*\*\*\*Date Entered into'Cguqr :

School/Department Code:

HR Signature:

" Date Given to Assistant Superintendent of HR: