



# Employee Absence Request Form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

### Reasons for Absence:

- Sick
- Personal
- Medical
- Family Emergency
- Funeral/Bereavement
- Cultural/Religious

Absence request forms must be submitted to Administration at least two days in advance for personal time off. For other reasons, such as waking up sick or a legitimate emergency, employees must call/text Cathy or Alma by 6:00 a.m. to secure a substitute/replacement. Employees who take emergency leave must complete this form immediately upon returning to work and send it to [absent@indianwayschool.ca](mailto:absent@indianwayschool.ca).

### FORM INSTRUCTIONS

Please complete this form in full. Clearly state the date(s) of absence and the amount of time requested, i.e., number of hours. The reason for your absence must be clearly stated.

Date(s) of Absence: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

Time of Arrival:	Time In	Early Dismissal:	Time Out
	:		:
_____	_____	_____	_____

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADMINISTRATOR'S APPROVAL

- Approved
- Rejected

Name of Substitute/Replacement: \_\_\_\_\_

Time of Notification: \_\_\_\_\_ a.m. / p.m. (circle one)

Date of Notification: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Administrator Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Administrator Signature Date