

Menominee County ISD

**Leave Request/Absence Form**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Check Type of Leave or Absence

- 1.  Sick Day
- 2.  Vacation\*\*
- 3.  Personal Day\*\*
- 4.  Unpaid Leave
- 5.  Jury Duty\*\*\*
- 6.  Work Related Accident\*
- 7.  Death in Family - Relationship: \_\_\_\_\_

Date(s) of Leave or Absence(s):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  ¼ Day  ½ Day  Full Day      \_\_\_\_/\_\_\_\_/\_\_\_\_  ¼ Day  ½ Day  Full Day

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  ¼ Day  ½ Day  Full Day      \_\_\_\_/\_\_\_\_/\_\_\_\_  ¼ Day  ½ Day  Full Day

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  ¼ Day  ½ Day  Full Day      \_\_\_\_/\_\_\_\_/\_\_\_\_  ¼ Day  ½ Day  Full Day

*\*Must notify supervisor within 24 hours and complete required forms.*

*\*\*Requires advanced notice and approval \*\*\* Upon receipt, Jury Duty stipend is to be turned in to the Business Office*

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
My signature confirms the above is an accurate reflection of my time.

Date: \_\_\_\_\_ Supervisor Approval: \_\_\_\_\_

Do not write below this line

Substitute Aide/Driver/Teacher coverage

Name: \_\_\_\_\_ Substitute for: \_\_\_\_\_

Date(s): \_\_\_\_\_