

BRAWLEY UNION HIGH SCHOOL DISTRICT

SUBSTITUTE REQUEST/ABSENCE VERIFICATION/APPLICATION FOR LEAVE

Must be completed prior to taking a scheduled day off or on day of returning to work.

Certificated Position Classified Position

Employee Name: _____

Date Form Submitted: _____

Date(s) of Absence: _____ Time of Absence: _____ Total # of Hours: _____

Please list the number of hours in appropriate space(s) below.

Sick Leave: _____ Comments: _____

Personal Necessity: _____ Comments: _____

Leave without Pay: _____ Comments: _____

Bereavement: _____ Relationship: _____

Vacation Leave: _____ Classified Personnel Only

Comp Time: _____ Total you have: _____

Other, Please Explain: _____

Teachers: Do you need a substitute? Yes No

If yes, please put a check next to the periods needed and circle if it's an ODD or EVEN Day if appropriate.

Date: _____ Odd or Even ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ Tutorial

Employee's Signature _____ Date: _____

This form must have supervisor/administrator signature before being submitted.

For Office Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Supervisor/Administrator's Signature _____			Date: _____
Date Entered in System: _____		Initials: _____	
If applicable:			
Name of Substitute	Date	Period(s)	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____