

## 2017-2018 High School Teacher Absence Request Form

Name of Teacher: \_\_\_\_\_

Name of Substitute: \_\_\_\_\_

Date Submitted to Principal: \_\_\_\_\_

Date(s) Requested Off: \_\_\_\_\_ or Date(s) of Sickness: \_\_\_\_\_

# of Days Used/Taken for Year: \_\_\_\_\_

Reason for absence:

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Teacher Signature: \_\_\_\_\_

- Approved
- Not Approved

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you are sick, you are required to fill one of these out and drop off to the high school office upon your return to school.