

**Salinas Union High School District
Request for Absence**

To: _____ Dept./Site: _____
Name of Supervisor

I request permission for absence on _____, _____ as follows:
Day Date

- _____ All day
- _____ Part day _____ Number of Hours Leaving at: _____ Returning at _____
Time Time
- _____ Sick Leave for medical/dental _____ Classified: Related to Article 13.6.1.8
- _____ Sick Leave for personal necessity, state reason _____
- _____ Personal business, charge to my in lieu/comp. account
- _____ Other reason, state nature _____
- _____ I have reported my absence to AESOP. The confirmation number is: _____
 - *Teachers should request a substitute, if needed*
 - *Classified do not request a substitute, but must report absence*

Print Employee Name: _____

Employee's Signature _____ Date: _____

() Approved () Denied _____ Date: _____

Supervisor's Signature