

**Johnston Community School District
Community Education**

JCE Staff (Non-AESOP)

Absence From Work Request

Employee Name: _____

Date of Request: _____ Bldg/Site: _____

<u>Date of Absence</u>	<u>Number of Days</u> (Indicate am/pm if applicable)	<u>Type of Absence</u>
_____	_____	Sick Leave
_____	_____	Family Sick Leave (6 days maximum per year)
_____	_____	Vacation (12 month employees)
_____	_____	Bereavement Leave (relationship _____)
_____	_____	Jury Duty
_____	_____	Other Absence (please explain _____)

Employee Signature: _____ Date: _____

KTC Coordinator Signature: _____ Approved ___ Not Approved ___ Date _____

Denial reason _____

Program Coordinator Signature: _____ Approved ___ Not Approved ___ Date _____

Denial reason _____

Note: Unless leave has immediate need, requests for leave should be made at least 5 working days prior to the dates(s) requested.