

HANCOCK COUNTY SCHOOLS REQUEST FOR APPROVED ABSENCE

Employee Name _____ Employee Number _____

Work Location _____ Position _____

Date(s) Request _____ All Day _____ Half Day AM _____ Half Day PM _____
(MM/DD/YYYY)

The request shall be completed at least five (5) days in advance of the date(s) requested. Failure to do so may result in your request being denied.

I am requesting to be absent from my duties for the following reason:

Jury Duty _____ Out of County Meeting _____ Military Duty _____
Court Subpoena _____ In County Meeting _____ Chaperoning Students _____

Reason _____

Location of Event _____
Venue City State

Funding Source
Choose One

School Funds Title I Title II PSDC Special Education CTE
Grant _____ Other (please explain) _____ None
Name of Grant

Employee Signature Date

PRINCIPAL

APPROVED NOT APPROVED

Substitute Requested Substitute Not Requested

Signature Principal/Supervisor Date

FUNDING SOURCE DIRECTOR/SUPERVISOR

Approved with Expenses Approved Without Expenses Not Approved

Director Signature Date

SUPERINTENDENTS OFFICE

Superintendent Signature Date

DIRECTIONS: Mail this original completed copy to the office of the FUNDING SOURCE, it will then be sent to the Superintendent for final approval. See reverse side for FUNDING SOURCE offices.

FUNDING SOURCES:

