

Decatur Public School District 61
Teacher Absence Approval Form

Employee Section

Date _____ Employee Name _____ Location _____

Date Requested _____ Full Day Half Day AM or Half Day PM

Date Requested _____ Full Day Half Day AM or Half Day PM

Date Requested _____ Full Day Half Day AM or Half Day PM

Leave Type

You may choose only **one** leave type per form.

- Annual Review (IEP's etc.) Sick
- Conference Universal

**Conference Leave must also be entered in Professional Growth (MLP).*

Explanation Required:

Acknowledgement Signature

I hereby affirm that my use of leave is in accordance with the provisions of the Collective Bargaining Agreement or in accordance with Board Policy. I understand that use of leave outside the language of my Agreement or Board Policy is subject to disciplinary action.

Print/Type Name

Signature of Requester

Supervisor

Do not have authority to approve

Principal/Supervisor Signature _____ Date _____

Please send completed signed form to the Human Resource Department.

Human Resources:

Eligible as of date _____: Sick _____ Universal _____ Bank _____

Request Approved Request Denied

Comments _____

Director of Human Resources