

# EMPLOYEE ABSENCE FORM

SCHOOL DISTRICT OF RIB LAKE  
1236 Kennedy St. P.O. Box 278 Rib Lake, WI 54470

Employee Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

It is requested that the above absence be handled as follows:

- Personal Leave
- Emergency/Funeral
- Sick Leave for  
    \_\_\_\_\_ Self  
    \_\_\_\_\_ Immediate Family  
    (must be taken in at least 1/2 day increments)
- Vacation
- Comp Time: \_\_\_\_\_
- Other: \_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer signature

\_\_\_\_\_  
Date

\*\*\*\*\*

This is to be filled out and turned into your building supervisor along with any other form according to the leave you are requesting.

**NOTE:**

- All questions regarding leave requests should be directed to the building principal
- Other than emergency leave or sick leave, prior to approval will be necessary; therefore allow ample time for approval when making requests.
- Lack of prior approval may result in a loss of wages.
- Please inform your immediate supervisor of any pending absence.
- The District may require medical verification for emergency leave or sick leave.

Original: \_\_\_\_\_ Building Principal

Copy: \_\_\_\_\_ Employee