

Employee Name _____	Today's Date: _____
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KINGSLEY AREA SCHOOLS PRE-ARRANGED/VERIFICATION OF LEAVE FORM

<input type="checkbox"/> Request for Absence (Pre-Arranged) <input type="checkbox"/> Submit to Central Office	<input type="checkbox"/> Report an Absence, Submit to Supervisor
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Please check the appropriate box. **If an absence is requested, and approved, no further paperwork is necessary.** Please forward to Central Office after Principal/Supervisor Signature. If you are **not** planning on taking the requested absence, please call central office to cancel the pending/assigned substitute. If a substitute is not required, please call the central office to cancel the absence. If this is to **Report an Absence**, please fill out on the corresponding lines, the date of absence and length of absence. This form must be filled out even if you do not require a substitute.

Type of Absence	Date of Absence	Length of Absence	
Sick Leave	_____	_____	Substitute Needed: <input type="checkbox"/> All day <input type="checkbox"/> ½ am _____ (time) <input type="checkbox"/> ½ pm _____ (time) Work Location or Room : _____ <input type="checkbox"/> No Substitute Required <input type="checkbox"/> Other please specify _____ <input type="checkbox"/> Contacted WillSub _____
Family Illness	_____	_____	
Personal Leave	_____	_____	
Witness/Jury Duty	_____	_____	
Bereavement	_____	_____	
Vacation	_____	_____	
Unpaid	_____	_____	
School Related	_____	_____	

Workshop/Conference/Athletic Event that is going to be attended:

Central Office Signature _____ Employee Signature _____

HIGH SCHOOL RELATED DOCUMENTATION

to be completed by supervisor only

Does this apply towards professional development hours? (*please check the appropriate box and sign below*):

YES

- 1131820: PD – *please specify below*
- 5271820: Spec. Ed PD – *please specify below*
 - School Improvement
 - Workshop / Conference
 - Instructional Technology
 - Mentoring
 - Coursework (District initiated only)

NO

- 1131870: Sick or Personal
- 5271870: Sick or Personal – Pre-school
- 1131870: Sick or Personal – Spec.Ed
- 5271890: School Initiated
- Other: _____

Supervisor Signature Date

All absences are to be in accordance with the Master Agreements