

REQUEST FOR ABSENCE – AURORA WEST SCHOOL DISTRICT

Name: _____ **Position:** _____

Date Request Submitted: (Provide two weeks advanced notice for meetings/professional growth) _____

School: _____ **Date(s) of Absence:** _____

Nature of Request:

_____ Sick Leave (attach doctor's note) _____ Jury Duty _____ Funeral Leave (relationship of deceased) _____

_____ Committee Meeting (specify) _____

_____ Professional Growth _____ Other (specify) _____

Location of Conference or Meeting: _____ In District _____ Out of District (specify) _____

If request is for professional growth, please state how the activity relates to your District #129 responsibilities:

Name of Preferred Sub: _____

Request is For: _____ Substitute (indicate time) Elementary: AM PM / Middle HS Periods: _____

_____ Substitute plus expenses of approximately: _____

Attach P.O. if reimbursable expenses have already been incurred or if the school district needs to pay fees.

Pre-payment requests must be submitted with completed registration forms at least three weeks in advance.

Department Chair Approval Signature (if applicable): _____ Date: _____

Teacher Signature: _____

Building Administrative Action

Request is: _____ Approved for Requested Sub _____ Not Approved

\$ _____ (sub expense)

_____ Additional Expenses of:

\$ _____ (includes transportation, registration)

Total: \$ _____

Funds From:

Building

District

_____ Travel

_____ Athletics

_____ Reading Improvement

_____ Bilingual

_____ Staff Development

_____ Leadership & Academic Support

_____ Title I

_____ Gifted

_____ Other _____

_____ Special Education

_____ Vocational/VALEES

_____ Other _____

Building Administration Approval Signature: _____

Funding Administrator: Please fill in appropriate account number

Building / District Administrative Action

Substitute Account #: _____ Conference Fee #: _____

Travel Expense #: _____

Other #: _____

District Authorization Signature: _____

Sub Information

Sub Requested: _____

Date: _____

By: _____

Sub Confirmed: _____

Sub Name (if known):

Date: _____

By: _____

Notes:

