ARROWHEAD HIGH SCHOOL
Absence Request Form

Today's Date: _____

I. Employee requesting absence: _____

1. Absence due to:

Illness: ☐ Personal Illness ☐ Family Illness

☐ Personal Day *(must be pre-approved by Substitute Coordinator)*

Emergency/Bereavement: ☐ Death in Immediate Family: _____ *(relationship)*

Emergency/Other: ☐ Accident ☐ Court ☐ IRS

☐ Other: _____ *(must be pre-approved by Superintendent)*

Other: _____ *(describe)*

2. Date of absence: _____

3. Subject taught: _____

4. Number of periods away from school *(including prep)*: _____

5. Substitute needed for periods: _____; No substitute needed for periods: _____

6. Location of substitute packet: _____

Teacher starts in: ☐ North Campus ☐ South Campus

Field trips – Calendar approval: _____

☐ Issue & collect parent signed permission slips?

☐ Issue & collect Student Attendance/Clearance slips?

☐ Provide accurate attendance to office before leaving?

7. Dept. chairperson/coordinator signature: _____

Budget account number: _____

8. Building Principal signature: _____

This form must be completed before a substitute may be contacted. All pre-planned absences are based on the availability of substitutes. Your request will be validated when you receive written notice.

II. For what expenses will you submit a claim:

Mileage _____ @ _____ per mile = $ _____

Other transportation costs: _____

Meals: _____

Lodging: _____

Other expenses: _____

TOTAL _____

Other district expense (office): _____

III. Attach copies of correspondence confirming arrangements, programs, schedules, or any other pertinent information or explanations that will enable proper evaluation of request.

White: Substitute Coordinator	Canary: Principal's Secretary	Pink: Employee

Form available from principal's office