

REGION III SPEICAL EDUCATION COOPERATIVE

NOTIFICATION OF ANTICIPATED ABSENCE

NAME: _____ **DATE SUBMITTED** _____

REASON FOR ABSENCE:

Personal Leave	O	Sick Leave	O
Funeral Leave	O	Jury Leave	O
Vacation Leave	O	Other	O

EXPLANATION: (If taking personal leave do not fill out) _____

DATE(s) REQUESTED: _____

DIRECTOR'S RESPONES: _____

APPROVED:

NOT APPROVED

DIRECTOR'S SIGNATURE

DATE

NOTE: According to the contract, employees **MUST** submit written request at least three (3) days in advance of leave