

**Northland Learning Center # 6076**

**ABSENCE FORM/REQUEST LEAVE FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Absence Date(s) Request Date(s): \_\_\_\_\_

**\*\*Time you are leaving** \_\_\_\_\_ (this needs to be filled in)

Total time taken: \_\_\_\_\_

Type of Absence Requested:

Sick   Vacation  Bereavement  Time off without pay

Specify \_\_\_\_\_

Personal Leave

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*Approved by Director*

*Denied by Director*

Employee Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

For Office Use Only		Dated
<input type="checkbox"/>	PAID LEAVE	
<input type="checkbox"/>	UNPAID LEAVE	
Dock _____	Hours	Dock _____ Pay