

**St. Mary's Catholic School**  
**ABSENCE OF DUTY REQUEST/REPORT**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

- This form must be submitted immediately upon return for each leave of absence.
- For discretionary leave, this form must be submitted to the Principal **prior** to the date of absence. Discretionary leave will be granted in accordance with school policy.
- Return this form to the office upon after returning.

<b>REASON FOR ABSENCE</b>	<b>DATE(S) OF ABSENCE</b>	<b>TOTAL DAYS</b>
Personal illness or medical appointment		
Illness or medical appointment in family (Specify family member) _____		
Death in family (Please list family member) _____		
Emergency		
Personal Business		
Jury duty or subpoena <i>(This absence will not be subtracted from leave when provided documentation)</i>		
Professional Development (List Event/Conference) _____		

**See Back for More**

Name of Substitute(s) \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

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**For Office Use Only**

\_\_\_\_ Professional

\_\_\_\_ Personal (Only 1 allowed per year)

\_\_\_\_ Qualified Leave

\_\_\_\_ Docked Pay at Daily Rate

Principal Signature: \_\_\_\_\_

Total Days Remaining (as of date of absence): \_\_\_\_\_ (8 per year, 30 accumulated)

Total Days Used This Year (as of date of absence): \_\_\_\_\_