

BURBANK UNIFIED SCHOOL DISTRICT
Office of Human Resources

CERTIFICATED MANAGEMENT
REQUEST FOR AND/ OR REPORT OF ANTICIPATED ABSENCE
FROM THE DISTRICT

Purpose: The purpose of this form is to provide your Supervisor with accurate and up-to-date information regarding daily absences of Supervisors under their direction.

What/When: **Non-Working Days** – Requests for approval for non-working days must be submitted to your Supervisor for approval no less than two weeks prior to the anticipated non-working date(s).

Other Absences from the District – Requests for approval of other absences from the District must be submitted to your Supervisor in a timely manner at least one week prior to the anticipated absence(s).

Requester's Name

Date Submitted

Supervisor's Name

Date(s) of Absence

Type of Request (check appropriate reason):

- | | |
|---|--|
| <input type="checkbox"/> Non-working day(s) | <input type="checkbox"/> Absence from the District |
| <input type="checkbox"/> Vacation day(s) | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Exchange Time | <input type="checkbox"/> Meeting |
| | <input type="checkbox"/> Workshop |

Reason/Location: _____
.

Contact information during absence (phone/cell, etc.): _____

Supervisor's Signature

Date

Request : Approved / Denied

NOTE: The administrator and supervisor should retain a copy prior to sending the original form to HR with Supervisor's signature.