

**GADSDEN INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR ABSENCE FROM WORK**

Name of Employee: _____ Date: _____

Date of Absence: _____

Check Reason

Annual Leave

Personal Leave

Illness (*self*)

Leave Without Pay.

Illness (*family*)

School Business

Must Indicate Relationship

Family Medical Leave

Jury Duty - Attach Documentation

Must Indicate Relationship

Death in Family Other (*specify*)

Must Indicate Relationship

Number of days absent _____

Number of hours absent _____

Employee Signature
(My signature attests to the accuracy of the above information)

Supervisor Signature

Remarks: