

WASHOUGAL SCHOOL DISTRICT

4855 EVERGREEN WAY
PH: 360.954.3000



WASHOUGAL, WA 98671
FAX: 360.835.7776

EMPLOYEE REQUEST FOR ABSENCE FORM
(For absences greater than 5 consecutive days.)

Name: _____

Building: _____ Classified Certified

Position: _____

Absence Reason Type: Illness Family Illness Personal FMLA

Absence Begin Date: _____ Absence End Date: _____

Dates of Paid Leave: From _____ To _____

Dates of Unpaid Leave*: From _____ To _____

Please note that a physician's note is required for any illness or FMLA related absence of more than 5 consecutive days.

Reason for Request:

Employee Signature Date

Building Principal or Immediate Supervisor Granted Denied Date

Superintendent or Designee Granted Denied Date

*All personal leave must be used before unpaid leave can begin.

_____HR Rec'd _____Copy to AESOP _____Board Personnel Report

_____Copy to PR _____IT Spreadsheet _____Extended Leave Report