

MIT ACADEMY
CERTIFICATED EMPLOYEE ABSENCE REQUEST FORM

This form is to be used by all **TEACHERS** who are planning to be away from the school for any reason. Please complete and submit to the Chief Academic Officer for approval.

Name: _____

Date(s) of
Absence(s): _____

Time away from duties: _____ to _____

Charge my Leave Balance:

_____ Sick Time

_____ PNL

(Personal Necessity Leave)

Do Not Charge my Leave Balance:

_____ Bereavement

_____ Work Related Field Trip

_____ Work Related Meeting/Conf

_____ Jury Duty (Attach Court Notice)

Employee Signature

Date

Director Signature

Date