

CREEKSIDE CHARTER MANAGEMENT

Staff Absence Form

(complete and submit this form for all missed work days)

CREEKSIDE SQUAW PREP Name: _____

Date(s) of Absence: _____

Full Day Half Day: am pm

TYPE OF LEAVE REQUESTED

- Maternity Leave (subject to Charter Council Approval)
- Other Personal Leave (subject to Director Approval)
- Jury Duty, County _____
- School Business (subject to Director Approval).
 - Professional Development
 - Training (other)
Name of Conference/Training _____

Date: _____

Staff Signature

Submit completed form to Office Manager for processing.

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Approved: yes no

Substitute Needed: yes* no Substitute Name: _____

Date: _____

Executive Director Signature

*Staff absences are not approved until signed by the Director.
Administration will arrange for substitute teacher, as appropriate.