



REQUEST FOR ABSENCE AUTHORIZATION AND REIMBURSEMENT

Please complete this form with all pertinent items filled in and route for the signatures required.

Notification of approval will come from the Head of School.

Name _____ Date of Request _____

Dates of Absence (If half day, please state AM or PM) _____

Absence Requested with Pay for ___ Days Absence Requested without Pay for ___ Days

A Substitute will be required for ___ days on the following dates: _____.

Reason for Absence

√	Reason	√	Reason
	Personal Illness		School Business
	Family Illness		Conference
	Vacation		Half Day Request
	Personal Day		Jury Duty (attach notice)
	Death, Immediate Family. Identify _____		Death, Not Immediate Family. Identify _____
	Other, explain.		

Estimate of Expenses Necessary for School Business or Conference*

Type	Amount
Transportation	
Lodging, including gratuities	
Meals (Please explain on reverse.)	
Registration	
Tolls/Miles	

*This is an estimate, not a reimbursement voucher. Requests for payment must be presented with appropriate documentation following the approved absence.

Approvals

Approved	Not Approved	Title	Signature
		Principal	
		Chief Operating Officer*	
		Head of School	
		LCCS Board of Trustees*	

*If required.