

WESTMONT HILLTOP SCHOOL DISTRICT
Absence of Employee Form

NAME _____ BUILDING _____ DATE FILED _____

ALL EMPLOYEES are responsible for completing and filing a copy of this form with the Principal as far in advance of the absence as possible. The Principal will forward the form to the Superintendent daily for disposition.



SICK LEAVE - WHEA-Board Agreement, Pg. 23, Article VII, D
WHESPA-Board Agreement, Pg. 6- 7, Article V, Section 1

This is to certify that my absence on _____ was due to illness. This time is to be deducted from accumulated sick leave.

Number of Days _____ Signature _____



ILLNESS TO IMMEDIATE FAMILY - WHEA-Board Agreement, Pg. 23, Article VII, B, 5
WHESPA-Board Agreement, Pg. 6-7, Article V, Section 1

This is to certify that my absence on _____ was due to an illness or sickness of a member of my immediate family.

Number of Days _____ Signature _____



EMERGENCY LEAVE - WHEA-Board Agreement, Pg. 23-23, Article VII, C
WHESPA-Board Agreement, Pg. 7, Article V, Section 2

Reason for Request _____

Date of absence _____ Signature _____



PERSONAL LEAVE - WHEA-Board Agreement, Pg. 22, Article VII, B
WHESPA-Board Agreement, Pg. 7, Article V, Section 3

Date of absence _____ Signature _____



FUNERAL LEAVE - WHEA-Board Agreement, Pg. 21, Article VII, A, 2-5
WHESPA-Board Agreement, Pg. 14, Article V, Section 5

This is to certify that my absence on _____ was due to the death of

_____ Relationship _____

Signature _____



RELIGIOUS LEAVE - WHEA-Board Agreement, Pg. 35, Article VII, A, 1
WHESPA-Board Agreement, Pg. 14, Article VIII, Sec. 1C

Date of absence _____ Signature _____

Name of Holiday _____



VACATION LEAVE - WHESPA-Board Agreement, Pg. 14, Article VIII, Sec. 2

Dates of Absence: From _____ Thru _____

Number of Days _____ Signature _____

Approved/Not Approved _____ Building Principal Date _____

Approved/Not Approved _____ Superintendent Date _____