

**Kyrene School District
Certified Absence Request Form**

Name _____ Employee Id # _____

School/Department: _____

Date(s) of Absence: From _____ to _____

Hours of Absence: From _____ to _____

Important Information - Please Read

- o **All** absences must be reported in SubFinder, even if a substitute is not required
- o All absences have a one (1) hour minimum
- o Absences requiring a substitute – report a four (4) hour minimum and ½ hour increments thereafter
- o Full-time, full-day – report as eight (8) hours
- o Please refer to your Meet and Confer Document for absence eligibility details

Please check appropriate absence reason below:

Authorized Compensatory Absences (ACA)

Restricted day(s) – *Pre-approval required. See on-line calendar for exact dates.*

Bereavement – *1st year employees only*

Other Absence Types

Deductible Absences – *Employee pays cost of sub, 3 days maximum per year*

Jury Duty/Response to Subpoena – *Attach court order documentation*

Professional Growth – *Pre-approval required*
To attend: _____

School/District Business – *Pre-approval required*
To attend: _____

Does the requested absence require a substitute? Yes _____ No _____

Employee Signature _____ Date _____

Approved Not Approved

Supervisor Signature _____ Date _____

Once approved, submit this form to Human Resource Services for ACA accrual adjustment on "Other Absence Types".