

## REQUEST FOR USE OF RESTRICTED ACA Certified Only

*If possible, please submit this Request Form to your Principal/Supervisor at least 15 business days in advance of requested absence.*

To: Principal/Supervisor

Date: \_\_\_\_\_

I \_\_\_\_\_, \_\_\_\_\_, request to use \_\_\_\_\_ hours of  
(Employee Name, Please Print) (Employee ID No.)  
Restricted Authorized Compensatory Absences which fall under exceptions to the restrictions listed in the ***Certified Meet & Confer*** (see below).

**Check reason(s) for absence, as per Meet & Confer.**

- Illness
- Good Cause Personal
- Religious Observances
- Professional workshop, seminar, or conference (and use ACA)
- Leave (FLMA)
- Responsibility that can only be performed during the school day or is not under the control of the employee (e.g., graduation, wedding, probate will, court proceedings, adoption, etc.)
- Other rare and unusual circumstances

**Please note that ACA cannot be used for recreation.** All employees should consider the **continuity of quality instruction and the impact of the absence on the operation of the school.** Refer to pages 7 & 8 of *Certified Meet & Confer* for further details.

Explanation:

---

---

---

---

---

Exact Dates/Times of Requested Absence:

---

Dates: \_\_\_\_\_

**I have attached the appropriate documentation, if any and checked appropriate box(s) below.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employment Site

\_\_\_\_\_  
Date

**Approved**       **Not Approved**

Comments:

---

---

---

---

---

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Date

**Signed forms should be sent to Kathleen Jett, KSD Substitute Coordinator, Mail Stop #13 or fax to x4002**