



# Cardinal Ritter College Prep

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



## Information

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Substitute or  
Replacement  
Needed

Yes

No

Requested Substitute/Replacement \_\_\_\_\_

Indicate Type of Absence/Leave Requested

Sick

Vacation

Bereavement

Time Off Without Pay

Personal Day

Jury Duty

Maternity/Paternity

Other (\_\_\_\_\_)

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

**In the case of illness or emergency this form must be submitted with two (2) of returning to work.**

Brief Explanation for Absence/Leave:

*You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent. Some absences or leaves require administrative approval. Please refer to policy manual.*

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

\_\_\_\_\_  
*Date*

## Approval

Approved

Rejected

Comments:

\_\_\_\_\_  
*President/Principal Signature*

\_\_\_\_\_  
*Date*