

**Breese Elementary District # 12
Staff Absence Request**

Name:

Today's Date:

Date(s) of Absence:

AM	PM	All Day
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Type of Absence:

Sick	Personal	Vacation	Bereavement	Professional
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Request for Substitute

Have you secured your own sub?	Yes	No
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Name(s) and dates of Substitute:

SUPERINTENDENT'S SIGNATURE:

DATE:

****Please give to your building principal first. Thank you!****