**Planned Absence Form**

**Related Services**

If you are aware ahead of time that you will be absent from your assignment for all or even part of a day (can be taken in ¼ hour increments), please submit this form to Meridee *at least 2 days prior to being absent*. **This includes pre-approved district inservices and/or conference attendance, personal leave, and planned sick leave (doctor, dental appointments, surgery, etc.)**  This form will help us track the absences of our staff due to the diverse needs and activities of such a large group of people. Please make sure you post all leave on your time card.

**Please submit one paper per activity/absence** (can include a date range)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of planned absence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate: \_\_\_\_ Full Day(s) \_\_\_\_ ½ Day (a.m.) \_\_\_\_ ½ Day (p.m.) \_\_\_\_# of Hours

**Check the type of absence:**

\_\_\_\_ Inservice (district, school, state, etc.) Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Conference/Workshop Name/Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Also must submit a Conference Request form for Inservices & Conferences)*

\_\_\_\_ Personal Leave/Vacation

\_\_\_\_ Planned Sick Leave

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Convert sick leave to personal leave (*see instructions on our website)*

**Reminder** Please remember the following:

1. Call the sick leave line (801-402-5575) OR

2. Email Meridee (mlitster@dsdmail.net)

3. Call and/or email your assigned school(s)

4. This absence/time away from your assignment must also be entered on your time card/leave reporting card.

 **PLEASE RETURN THIS FORM TO THE RELATED SERVICES OFFICE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Approved

Signature of Coordinator Date ☐Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Reason)

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 *(For office use only)*

Employee notified via:\_\_\_ Email \_\_\_ Pony \_\_\_Phone \_\_\_ In Person \_\_\_ Mail

Date of Notification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours Remaining \_\_\_\_\_\_\_\_\_\_Sick \_\_\_\_\_\_\_\_\_\_ Personal/Vacation

*(through June)*