

Ardmore City Schools

PO Box 1709
Ardmore, OK 73402
(580) 226-7650

**Request for
Absence/Leave/Vacation**

Name: _____ Last 4 digits of your SSN: _____

Position: _____ Building: _____

Number of Days: _____ From: _____ To: _____ (inclusive)

- Sick Leave
- Personal Leave
- Professional Leave
- Unpaid Absence
- Bereavement _____
Relation
- Legal (Jury/Civil)
- Military
- Vacation (12 month employees)
- Other _____

The following leave requires additional paper work

- Sick Leave Bank (Requires doctor's statement)
- FMLA (Requires doctor's statement and FMLA Form)
- Sick Leave Sharing (Requires doctor's statement and ACS Form)

Professional Leave:

Name of Meeting _____ Location _____

Substitute Needed: Yes No Who will pay substitute? _____

Signature of Applicant _____ Date _____
Retain copy for your records

Official Use Only

Approved Disapproved _____ Date: _____
Immediate Supervisor/Building Administrator

Approved Disapproved _____ Date: _____
Assistant Superintendent

Original to be kept on file in the Personnel Office