

## Little Falls City School District Employee Request Form

This form should be completed by any district employee to report an absence from work.

Employee Name	Date(s) of Absence	Signature

Requested Days:

Type of Days	Number of Days
Personal Day	
Sick Day	
Vacation Day	
Floating Holiday	
Funeral (Immediate Family)	
Funeral (Other than Immediate Family)	
Comp Time	
Jury Duty	
Conference/Workshop/Meeting	

Signature of Principal or Supervisor \_\_\_\_\_

Signature of Superintendent of Schools \_\_\_\_\_