BURBANK UNIFIED SCHOOL DISTRICT

Office of Human Resources

CERTIFICATED MANAGEMENT REQUEST FOR AND/ OR REPORT OF ANTICIPATED ABSENCE FROM THE DISTRICT

Purpose:			The purpose of this form is to provide your Supervisor with accurate and up-to-date information regarding daily absences of Supervisors under their direction.					
What/When:		submitted to you	Non-Working Days – Requests for approval for non-working days must be submitted to your Supervisor for approval no less than two weeks prior to the anticipated non-working date(s).					
			ne District mus	t be sub	mitted i	to your Supe	pproval of other ervisor in atimely).	
Req	uester's	s Name	_	D	Date Submitted			
Supervisor's Name			_	Date(s) of Absence				
Тур	e of Re	quest (check appropriate r	eason):					
[1	Non-working day(s)	[]] Absence from the District			
[]	Vacation day(s)			[] Confe	erence	
[]	Exchange Time			[] Meeti	ng	
					[] Work	shop	
Rea	son/Loc	cation <u>:</u>						
Con	tact info	ormation during absence (pho	one/ cell, etc.):_					
Supervisor's Signature			Date	R	Request: Approved/ Denied			

NOTE: The administrator and supervisor should BT/P \not MCIhHHHHH \not BT/P \not 5