

BURBANK UNIFIED SCHOOL DISTRICT
Office of Human Resources

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

Purpose:

What/When: **Non-Working Days**

Other Absences from the District

Requester's Name

Date Submitted

Supervisor's Name

Date(s) of Absence

Type of Request (check appropriate reason):

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NOTE: The administrator and supervisor shouldBT/P 4MCIhHHH5BT/P 5