



Indiana Conference of Seventh-day Adventists

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www.indysda.org

Teacher Planned Absence Request Form

Directions: Any time you know in advance you will miss a day of teaching please submit this form to the Conference Office of Education. (In case of unplanned medical leave or an emergency, don't worry about submitting the form in advance.) By submitting this form you will allow us to maintain an accurate count of your leave days and help the superintendent plan his school visits. ***You may assume your request for a planned absence is approved unless you hear from the superintendent.*** Failure to consistently use this form may impact your employment status.

After your absence, please submit the Substitute Teacher Report Form and/or the Teacher Expense Report Request Form to ensure you and/or the substitute teacher are properly reimbursed.

Teacher's Name: _____ School: _____

Date(s) of Planned Absence: _____

Reason for Planned Absence: _____

Which Type of Leave Do You Believe this Is: _____ Short-term Sick Leave (5 days a year + whatever you have accrued*)
_____ Long-term Sick Leave (5 days a year + whatever you have accrued**)
_____ Personal Leave Day (1 day per year)
_____ Business Day (1 day per year)
_____ Funeral Leave (3 days per year#)
_____ Conference-approved Meetings, School Visitations, Workshops, etc.

Your Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

*You are awarded 5 short-term sick days each school year. Any unused short-term sick days go into your "short-term sick days bank." You can accrue up to 10 short-term sick days in this bank.
**You are also awarded 5 long-term sick days each school year. Any unused long-term sick days go into your "long-term sick days bank." You can accrue up to 26 weeks of long-term sick days in this bank.
#While policy provides only 3 days of funeral leave, the Office of Education will make every effort to provide employees who suffer the loss of an immediate family member with as much leave time as is needed.

For Office Use

Approved by the Superintendent: _____

Leave Type:	_____ Short-term Sick Leave	Amount Remaining After This:	_____
	_____ Long-term Sick Leave	Amount Remaining After This:	_____
	_____ Personal Leave Day	Amount Remaining After This:	_____
	_____ Business Day	Amount Remaining After This:	_____
	_____ Funeral Leave	Amount Remaining After This:	_____
	_____ Approved Meetings, Etc.	Amount Remaining After This:	_____

Notes: _____
