

Western Boone County Community School Corporation

**Employee Request to Be Absent Form
Non-Certified Staff**

Name _____ **Date of Request** _____

Position _____ **Date of Absence** _____

No. Hours Absent _____

Reason for Absence: **Sick** **Vacation** **Personal** **Bereavement**

Supervisor Signature _____ **Date** _____

Supt/Bus Mgr Signature _____ **Date** _____