



**CANYONS SCHOOL DISTRICT  
FACILITIES SERVICES**

**ABSENCE REQUEST**

Date \_\_\_\_\_

Name \_\_\_\_\_

I request the following day(s) off for:

**Vacation**                      Number of days \_\_\_\_\_ Dates \_\_\_\_\_  
\_\_\_\_\_

**Sick Leave/FH**                      Number of days \_\_\_\_\_ Dates \_\_\_\_\_

**Relation for Family Health** \_\_\_\_\_

**Personal** (1 day notice required) Number of days \_\_\_\_\_ Dates \_\_\_\_\_

**Bereavement** Relation \_\_\_\_\_ Number of days \_\_\_\_\_ Dates \_\_\_\_\_

Travel days required \_\_\_\_\_

**COMP TIME**                      Number of hours (days) \_\_\_\_\_ Dates \_\_\_\_\_

Approved \_\_\_\_\_

Rejected \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor