## **REQUEST FOR ABSENCE**

(USE SEPARATE FORM FOR EACH TYPE OF ABSENCE)

## THE SCHOOL DISTRICT OF PHILADELPHIA 440 NORTH BROAD STREET PHILADELPHIA, PA 19130

USE FORM SEH-3 "REQUEST FOR PERSONAL ILLNESS" WHEN REQUESTING PERSONAL ILLNESS OR ILLNESS IN THE FAMILY ABSENCE EXCEEDING THREE (3) WORKING DAYS.								
LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME			EMPLOYEE NO.		DATE	
ADDRESS					SCHOOL OR DIVISIO	N		ORG. NO.
NUMBER OF DAYS	FROM DATE	AM	TO DATE		AM PM	POSITION T	TTLE	
TYPE OF ABSENCE - CHECK ONE REASON ONLY								
PERSONAL ILLNESS (Not exceeding 3 consecutive work days)					ILLNESS IN FAMILY		DEATH IN FAMILY	
PERSONAL LEAVE I understand that Personal Leave must be used for urgent personal business which cannot be scheduled on other than work days or for personal emergencies requiring immediate attention				NAME	OF FAMILY MEMBER		RELATIONS	SHIP
				ADDRESS				
	VACATION       OTHER - (See Section 5 of Personnel Policy Manual)         Explain:			DATE A	DATE AND HOUR OF DEATH DATI		TE AND HOUR OF BURIAL	
SIGNATURE OF EMPLOYEE				SIGNATURE OF PRINCIPAL OR ADMINISTRATOR				