

# 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 DIVISION	ORG. NO.	
NUMBER OF DAYS	FROM DATE	<input type="checkbox"/> AM <input type="checkbox"/> PM	TO DATE	<input type="checkbox"/> AM <input type="checkbox"/> PM	POSITION TITLE

## TYPE OF ABSENCE - CHECK ONE REASON ONLY

- PERSONAL ILLNESS (Not exceeding 3 consecutive work days)
- 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*
- VACATION       OTHER - (See Section 5 of Personnel Policy Manual)

Explain: \_\_\_\_\_

- ILLNESS IN FAMILY       DEATH IN FAMILY

NAME OF FAMILY MEMBER	RELATIONSHIP
ADDRESS	
DATE AND HOUR OF DEATH	DATE AND HOUR OF BURIAL

SIGNATURE OF EMPLOYEE	SIGNATURE OF PRINCIPAL OR ADMINISTRATOR
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