Summit Academy

Absence Request Form

Check One:  □ SA – Draper  □ SA – Independence  □ SA - Bluffdale  □ SAHS

Absence Information

Employee Name: ____________________________________________________________

Job: _____________________________________________________________________

Type of Absence Requested:

☐ Approved Professional Development  ☐ Sick  ☐ Unpaid Leave

☐ Athletics/School Sponsored  ☐ Bereavement  ☐ Other

☐ Jury Duty  ☐ Personal

Dates of Absence: From: __________________________ To: _______________________

Absence Start Date _______________ Absence End Date _______________

Please Note: Absences up to 4 hours = 0.5 day; Absences over 4 hours = 1 day for full-time employees

Hours of Absence: _______________________________________________________

Substitute: ____________________________________________________________________________

Reason for Absence: ____________________________________________________________

This form must be completed and approved prior to absence from work. All absences (except sick leave) must be submitted and pre-approved on this form. Please submit requests at least two (2) days prior to the first day you will be absent. When missing work due to illness, please notify the appropriate office as soon as possible the morning of the absence. Sick days should be reported on this form within two (2) days of the day missed.

Draper: 801-572-4166 (Elem), 801-572-9007 (Jr High); Independence: 801-987-8755; Bluffdale: 801-254-9468; SAHS: 801-495-3272

Employees who take leave the day before/and or the day after any scheduled school holidays may be required to pay for a substitute.

__________________________________________________________________________  ____________________________
Employee Signature                    Date

Administration Approval

☐ Approved

☐ Not Approved

Comments:

__________________________________________________________________________  ____________________________
Administrator Signature                    Date

REV APRIL 20/7