

**Faculty/Staff  
Planned Absence Form**

**Name:** \_\_\_\_\_

**Date of this request:** \_\_\_\_\_

**Date of planned absence:** \_\_\_\_\_

**Faculty/Staff: sick/medical appt.** \_\_\_\_\_

**Family: sick/medical appt:** \_\_\_\_\_      **Personal:** \_\_\_\_\_

**Professional Development:** \_\_\_\_\_      **Funeral:** \_\_\_\_\_

**Curriculum Mapping:** \_\_\_\_\_      **Other:** \_\_\_\_\_

**If other, please explain**

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**Please arrange for coverage if needed and let the Office Manager know who will be covering for you. Thank you.**

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**Employee signature**

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**Jean Behnke, Head of School signature**

cc: Darlene Gautreau, Office Manager