Name: ____________________________  Today’s Date: ____________________________

**Type of Absence: (check)**

☐ Field Trip  ☐ Teacher Professional Leave

**Purpose of Field Trip or Teacher Professional Leave:**

_________________________________________________________________________________

**List Dates of Absence Requested:**

<table>
<thead>
<tr>
<th>1st Day</th>
<th>2nd Day</th>
<th>3rd Day</th>
<th>4th Day</th>
<th>5th Day</th>
</tr>
</thead>
</table>

**List Portion of Day (.5 or .75 or 1.0):**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

☐ Teachers, check box if coverage is needed and list class, periods or times to be covered.  ☐ Sub Caller Recorded

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Administrative Use Only

**Supervisor Approval:**

__________________________________________  Signature  ____________________________

__________________________________________  Date  ____________________________