

SOUTHEAST DUBOIS COUNTY SCHOOL  
CORPORATION

Leave of Absence Form

**Non-Certified**

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

Today's Date: \_\_\_\_\_

Date of Absence: \_\_\_\_\_

Circle One: Full Day, Half Day, or 1/3 Day

Check Reason:

\_\_\_\_\_ Sick

\_\_\_\_\_ Vacation (12 month employees only)

\_\_\_\_\_ Personal Day

\_\_\_\_\_ Bereavement

**Circle One:** Parent sibling spouse child stepchild  
In-law grandchild grandparent aunt/uncle

\_\_\_\_\_ Professional Day/Please complete information below:

Meeting/Workshop: \_\_\_\_\_

Location of Meeting/Workshop: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_