

GROSSMONT ADULT EDUCATION TEACHER ABSENCE REQUEST

Name (Print) _____ Current Date _____

Email address _____ Phone # _____

Class(es) to be missed: _____ Site/Location _____

| Section Number & Subject | Date(s) Missed | Time(s) Missed | Substitute's Name |
|--------------------------|----------------|----------------|-------------------|
| | | | |
| | | | |
| | | | |

Reason for absence(s) _____

Comments _____

Teacher Signature _____ Date _____

For PN request only:

I have read the requirements for personal necessity and verify this request meets the criteria.

.....
Administrative Approval _____ Date _____

Pay Type: Sick PN SB Bereavement Other