REQUEST FOR ABSENCE

(USE SEPARATE FORM FOR EACH TYPE OF ABSENCE)

THE SCHOOL DISTRICT OF PHILADELPHIA
440 NORTH BROAD STREET
PHILADELPHIA, PA 19130

USE FORM SEH-3 "REQUEST FOR PERSONAL ILLNESS" WHEN REQUESTING PERSONAL ILLNESS OR ILLNESS IN THE FAMILY ABSENCE EXCEEDING THREE (3) WORKING DAYS.

LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME	EMPLOYEE NO.	DATE

ADDRESS	SCHOOL OR DIVISION	ORG. NO.

NUMBER OF DAYS	FROM DATE	TO DATE	POSITION TITLE
	☐ AM ☐ PM	☐ AM ☐ PM	

TYPE OF ABSENCE - CHECK ONE REASON ONLY

☐ PERSONAL ILLNESS (Not exceeding 3 consecutive work days)

☐ PERSONAL LEAVE

I understand that Personal Leave must be used for urgent personal business which cannot be scheduled on other than work days or for personal emergencies requiring immediate attention

☑ VACATION ☐ OTHER - (See Section 5 of Personnel Policy Manual)

Explain: _____

☐ ILLNESS IN FAMILY ☐ DEATH IN FAMILY

NAME OF FAMILY MEMBER	RELATIONSHIP

ADDRESS

DATE AND HOUR OF DEATH	DATE AND HOUR OF BURIAL

SIGNATURE OF EMPLOYEE	SIGNATURE OF PRINCIPAL OR ADMINISTRATOR

SEH-86 (Rev. 05/14) Comm. Code 61602445283