

Appendix E

Absence Request / Verification Form

*Submit requests for absences 1 week prior to the first day you will be absent.**Submit verification of sick leave within 24 hours of return.*

Teacher Candidate Name:		
Mentor Teacher Name:		
School:	District:	
Site Coordinator:		
Sick	Vacation	Bereavement
Military	Maternity/ Paternity	Other
		Jury Duty
Reason for absence:		
Dates of absence From: _____ To: _____		Current absence ____ days OR ____ hours (if < full day)
		Total absences to date ____ days
Teacher Candidate Signature:		Date:
Mentor Teacher Signature:		Date:
Approved Not approved		
Comment:		
Site Coordinator Signature:		Date: