



Please submit your form to: Cathie Adamson

Staff Member Name: _____ Today's Date: _____

Grade: _____ Position: _____

Classroom Co-Worker (Elementary): _____

Reason For Request: _____

Date(s) Requested Off: _____
(month, date, year)

Time Request off: _____
(all day, half day, part day, etc)

Group Instructors: Groups & Times: _____

Substitute Needed For: Math Group Reading Group Spelling Group Classroom
(please check all that apply) Lunch Coverage Recess Coverage Carpool Other (specify)

Teachers: I understand that missed time greater than the 5 days allotted as PTO (Personal time off) will be deducted from my pay and that I may be required to pay for my substitute through a payroll deduction.

Request received by: _____ Date Received: _____

OFFICE USE

Substitute Name: _____

Substitute Phone Number: _____

PTO Time Remaining as of Last Payroll: Please see Connie Sims, HR Director csims@apamail.org

If this was a same day emergency the staff member called in prior to 6:30 AM. Yes _____ No _____

Admin. Director Initials: _____

Administrative Approval: Yes _____ No _____

Administrator Name: _____ Date: _____

Administrative approval on this form indicates that the absence request aligns with the staff handbook, in that the absence requested is for a purpose outside of the employee's control, such as a funeral, non-elective medical procedure, or other emergency. Non-approval indicates the request is for a purpose outside the approved purposes. Non-approved requests will still be processed and substitutes arranged for unless the employee notifies administration via email that they will be in attendance.

Please remember, "We do what's best for kids." It is best for kids to have their teachers and instructors present each and every school day. We so appreciate you and your dedication to all of our kids!!