Form # 223 Rev. 2/23/12

MICHIGAN CITY AREA SCHOOLS ADMINISTRATOR / CLASSIFIED PERSONNEL ADVANCE APPLICATION FOR PERMISSION TO BE ABSENT



Prepare and submit both copies of this form to the Administration Building. This form is required for reporting all absences other than personal illness. This is a two-part form requiring no carbon. Do not separate sheets.

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Name	Date
School/Dept	
Request absence from	to inclusive.
Reason	
(Supervisor)	(Signature of Applicant)
APPLICANT PLEASE CH	ECK ONE OF THE FOLLOWING:
PAID TIME OFF (PTO)	PROFESSIONAL
Applicant please indicate number of days used to date: days	REIMBURSEMENT (complete only if seeking reimbursement) Fees/Registration*:
VACATION	amount
Applicant please indicate number of days used to date: days	Mileage: Destination: CityState Driving: ☐ One Way ☐ Round Trip ☐ Daily
☐ JURY DUTY	OR
Submit check for Jury Duty to Payroll when you receive it.	Flying Out of:Airport Name
□ BEREAVEMENT	Airfare: \$
Applicant please indicate relationshipand date of death:	Mileage Amount Approved:miles @=\$ Processed by:
and date of death.	
OTHER Use when loss of pay is expected. Approval of the	Meals*: Dates
administration is required in advance except in the event of an unforeseen emergency.	Lodging*: No. of Nights Dates
	Fund Name & Number from Which
CENTRAL OFFICE USE ONLY	Reimbursement Is to Be Made:
Dave with nov	* Receipts must accompany Claim Voucher form for reimbursement.
Days with pay.	ANTICIPATED BENEFITS/RATIONALE (attach brochure or supportive information):
Days without pay.	(attach brochare or supportive information).