

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 ID NUMBER	DATE	
ADDRESS			SCHOOL OR DIVISION	ORG. NO.	
NUMBER OF DAYS	FROM DATE	<input type="checkbox"/> AM <input type="checkbox"/> PM	TO DATE	<input type="checkbox"/> AM <input type="checkbox"/> PM	POSITION TITLE

TYPE OF ABSENCE - CHECK ONE REASON ONLY

<input type="checkbox"/> PERSONAL ILLNESS (Not exceeding 3 consecutive work days) <input type="checkbox"/> PERSONAL LEAVE <i>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</i> <input type="checkbox"/> VACATION <input type="checkbox"/> OTHER - (See Section 5 of Personnel Policy Manual) Explain: _____	<input type="checkbox"/> ILLNESS IN FAMILY* <input type="checkbox"/> DEATH IN FAMILY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">NAME OF FAMILY MEMBER</td> <td>RELATIONSHIP</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td>DATE AND HOUR OF DEATH</td> <td>DATE AND HOUR OF BURIAL</td> </tr> </table>	NAME OF FAMILY MEMBER	RELATIONSHIP	ADDRESS		DATE AND HOUR OF DEATH	DATE AND HOUR OF BURIAL
NAME OF FAMILY MEMBER	RELATIONSHIP						
ADDRESS							
DATE AND HOUR OF DEATH	DATE AND HOUR OF BURIAL						
SIGNATURE OF EMPLOYEE	SIGNATURE OF PRINCIPAL OR ADMINISTRATOR						

* ATTACH PHYSICIAN'S CERTIFICATION FOR TREATMENT OF FAMILY MEMBER WHEN ABSENCE EXCEEDS 3 CONSECUTIVE WORK DAYS