



The School Board of Brevard County  
 2700 Judge Fran Jamieson Way  
 Viera, FL 32940-6699

School/Dept. # : \_\_\_\_\_

## Absence Request

Pay Type \_\_\_\_\_ Position Type: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Employee's (Legal) Name \_\_\_\_\_ Employee's ID# \_\_\_\_\_

School/Dept. Name & # \_\_\_\_\_ Hours Worked \_\_\_\_\_

Job Title: \_\_\_\_\_  
 (Must match Board approved job description title)

Home Address: City, State, Zip \_\_\_\_\_

Leave Type	Begin Date	End Date	Total Days	Total Hours	Comments
<b>Vacation (12 month employees)</b>					
<b>Personal Charged To Sick (6 days per year)</b>					
<b>Personal Not Paid (5 days or less)</b>					
<b>Other</b>					

CHANGE Request

VOID Request

FROM: \_\_\_\_\_ THRU: \_\_\_\_\_ LEAVE TYPE: \_\_\_\_\_

TO: \_\_\_\_\_ THRU: \_\_\_\_\_ LEAVE TYPE: \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Principal/Admin/Supv. Signature \_\_\_\_\_ **BLUE INK ONLY** Leave Approved  Disapproved