



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
Vacation (12 month employees)					
Personal Charged To Sick (6 days per year)					
Personal Not Paid (5 days or less)					
Other					

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

**DO NOT SEND COPIES TO HUMAN RESOURCES OR COMPENSATION & BENEFITS
 FORM TO BE MAINTAINED BY TIMEKEEPER AT WORKSITE**