ALAN R. ESTES
SUPERINTENDENT

DAVID LARKIN
PRINCIPAL

618-735-2631
FAX #618-735-2032

Woodlawn Community High School
DISTRICT 205
300 N. CENTRAL LANE
WOODLAWN, ILLINOIS 62898

"HOME OF THE CARDINALS"

Absence Request

Name of Employee: _____

Date (Request is Made): _____

Date Requested: _____ ◯ A.M. ◯ P.M. ◯ All Day

◯ Personal Day ◯ Sick Day ◯ Workshop, Conference, Meeting, etc

If you are going to be out for a workshop or meeting etc., please specify what hours you will need your class covered:

◯ 1st hr.
◯ 2nd hr.
◯ 3rd hr.
◯ 4th hr.
◯ 5th hr.
◯ 6th hr.
◯ 7th hr.

_____ Approved

_____ Not Approved

_____
Superintendent / Principal

OFFICE USE ONLY

Substitute Teacher: _____

Internal Substitute:

1st hr. _____ 5th hr. _____
2nd hr. _____ 6th hr. _____
3rd hr. _____ 7th hr. _____
4th hr. _____

Complete this form, print, and turn in to principal. If principal is not available, turn in to superintendent.