

NORTHWEST SPECIAL RECREATION ASSOCIATION
3000 W. Central Road, Suite 205, Rolling Meadows, IL 60008
847/392-2848 * 392-2855 TTY * 392-2870 Fax

ABSENCE REQUEST/REPLACEMENT PROCEDURES

Date: _____

Employee Name: _____ Phone: _____

Program Number, Name and Location: _____
(for Inclusion, name and location only)

ABSENCE REQUESTS SHOULD BE MADE PRIOR TO THE START OF THE SESSION OR A MINIMUM OF 14 DAYS IN ADVANCE, EXCEPT IN THE CASE OF A FUNERAL OR ILLNESS. REQUESTS SHOULD BE FILLED OUT FOR ALL ABSENCES.

APPROVAL IS CONTINGENT UPON WHETHER A REPLACEMENT CAN BE FOUND AND IF REPLACEMENT PROCEDURE, IN ACCORDANCE WITH THE POLICY AND PROCEDURES MANUAL IS FOLLOWED. CONSEQUENCES FOR FAILURE TO COMPLY WITH THESE REQUIREMENTS REGARDING ABSENCES AND LATE ARRIVALS WILL BE DETERMINED AT THE DISCRETION OF THE PART TIME STAFF COORDINATOR/INCLUSION COORDINATOR AND MAY INCLUDE WRITTEN OR VERBAL WARNINGS OR TERMINATION.

Day, Date, Time absence is requested: _____

Reason for absence: _____

Person who will be replacing you: Name: _____
Phone: _____

I have read all the above information and declare my written information to be true.

Signature of Employee: _____ Date: _____

Please turn in to Part Time Staff Coordinator/Inclusion Coordinator
Thank you.

For office use:

Signature is necessary for approval:

Part Time Staff Coordinator/Inclusion Coordinator: _____

____ Part Time Staff Coordinator/Inclusion Coordinator, confirm date, time and location with replacement.

____ Part Time Staff Coordinator/Inclusion Coordinator, make three (3) copies

____ One copy goes to: Head Instructor, Employee requesting replacement, Employee File

____ File original with Absence Reports/Sub Sheets

Date Procedure is Complete: _____