



17156 Bellflower Blvd., Bellflower CA 90706  
Ph:(562) 925-1785 Fax: (562) 925-5855

## Student Absence Request

### Absence Information

Student Name: \_\_\_\_\_

Turned in to: \_\_\_\_\_

Type of Absence Requested:

- Doctor                       Leave of Absence                       Sick                       Personal  
 Military                       Jury Duty                       Bereavement                       Other \_\_\_\_\_

Dates of Absence: From: \_\_\_ / \_\_\_ / 20 \_\_\_ : \_\_\_ am/pm Thru: \_\_\_ / \_\_\_ / 20 \_\_\_ : \_\_\_ am/pm

Reason for Absence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please submit requests for absences a minimum of one week prior to the first day you will be absent.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Planned- Absence or Partial Day \* CIT Staff Approval

\* late arrival/early dismissal

Pre:  Approved  Denied x \_\_\_\_\_ / \_\_\_ /20 \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### POST- Absence or Partial Day \*\* CIT Staff Excused/Unexcused

\*\* late arrival/early dismissal, without proper pre-approval

Post:  Excused  Unexcused x \_\_\_\_\_ / \_\_\_ /20 \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Processing instructions:

- Copy for student, if requested
- Scan and put in student computer folder
- Add to Calendar
- File original in student administrative folder