



## Absence Request

### Absence Information

Swimmer Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Level: \_\_\_\_\_

Type of Absence Requested:

Sick                       Vacation                       Bereavement                       Other

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Absence:

*Please submit requests for absences, other than sick leave, two weeks prior to the first day you will be absent. Completed requests may be placed in the payment drop box.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

### Board Approval

Approved

Rejected

Comments:

\_\_\_\_\_  
*Board Member Signature*

\_\_\_\_\_  
*Date*