# BAYONNE PUBLIC SCHOOLS

OFFICE OF THE SUPERINTENDENT OF SCHOOLS REQUEST FOR APPROVED ABSENCE

## Name

#### Grade/Subject/Position

Date

School

It is requested that absence on be approved for the following reason:

* With pay
* Without pay
* Personal business
* Vacation Day (12 month employee)
* Jury Duty
* Military Duty
* Wedding

(If Applicable)

Date of Wedding

Relationship

* Funeral

Name of Deceased Relationship

* **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State Reason)**

## Substitute Required: YES \_\_\_\_ NO \_\_\_\_\_

I have been absent since July 1, 20\_\_ as follows: (if none, indicate)

Personal Illness

Personal Business

Other (state reasons**)**

Signature

**The above information concerning the staff member’s attendance is accurate and complete according to records in my office.**

## I hereby recommend

## Supervisor/Director/Principal

### Assistant Superintendent

APPROVED:

## Approval Disapproval

#### Approval Disapproval

Date

Date

#### Superintendent of Schools Date