

**BAYONNE PUBLIC SCHOOLS  
OFFICE OF THE SUPERINTENDENT OF SCHOOLS  
REQUEST FOR APPROVED ABSENCE**

Name \_\_\_\_\_

Date \_\_\_\_\_

Grade/Subject/Position \_\_\_\_\_

School \_\_\_\_\_

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

with pay       without pay

Personal Business

Vacation (12 month employees)

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, so 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 and/or Principal

Approval

Disapproval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent

Approval

Disapproval

\_\_\_\_\_  
Date

**APPROVED:**

\_\_\_\_\_  
Superintendent of Schools

\_\_\_\_\_  
Date

NOTE: No action will be taken on this request unless the form is fully completed. Requests should reach the Superintendent's Office at least *three* school days in advance of the date requested.