

WESTWOOD REGIONAL SCHOOL DISTRICT

Employee Absence Form

(once completed return to building Principal)

Employee Name: _____

School or Location: _____

Date(s) of Absence: _____

Reason for Absence (select one):

- Sick Day (attach doctor's note if more than 4 consecutive days)
- Vacation Day
- Personal Day (specify reason and submit directly to Superintendent's Office)
- | | | |
|---|--|---|
| <input type="checkbox"/> Family Illness | <input type="checkbox"/> Graduation Exercises | <input type="checkbox"/> Court Appearance |
| <input type="checkbox"/> IRS Audit | <input type="checkbox"/> Home Closing | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Other (specify) _____ | |
- Bereavement Day (specify relationship of deceased) _____
- Other (specify) _____

NOTE: Requests for Professional Workshops and/or school business should be submitted on the Professional Conference Form.

Please note: Upon approval, requests for absence will be charged immediately against your attendance record. Please inform the Personnel Office if this day is cancelled or changed so that we may adjust your attendance accordingly.

The requested leave requires/required a substitute: Yes No

Employee Signature _____ Date _____

Director/Principal Signature _____ Date _____

Superintendent Approval:

Approved Not Approved (specify reason): _____

Superintendent Signature _____ Date _____