

Penns Grove-Carneys Point Regional School District

REQUEST FOR RELEASE FROM WORK DAY

Date: _____

Dear: _____
 Superintendent of Schools

I am requesting the following day(s) _____ for the appropriate reason as checked below:

- ___ Illness
- ___ FMLA – Doctor’s Note Required
- ___ Vacation
- ___ Personal Business
- ___ Bereavement – Relationship (Obituary or Funeral Attendance Verification Required): _____
- ___ School Trip to: _____
- ___ Workers Compensation – Doctor’s Note Required
- ___ Jury Duty – Court Summons Required
- ___ Court – School Business Court Summons Required
- ___ Comp Day
- ___ Superintendent Approved No Pay – Reason: _____

 Print Name

 Employee Signature

Approval _____
Granted Administrator Date

Approval _____
Denied Administrator Date

Approval _____
Granted Superintendent Date

Approval _____
Denied Superintendent Date

Following actual day of absence, please submit this form to your immediate supervisor for verification purposes, who will in turn forward to Superintendent’s Office. Thank you.

EMPLOYEE VERIFICATION OF ABSENCE

___ In my opinion, the above-indicated absence should be accepted as legitimate. _____
 Administrator’s Signature

___ In my opinion, the above-indicated absence is not justifiable. _____
 Administrator’s Signature