

UNION COUNTY EDUCATIONAL SERVICES COMMISSION

REQUEST FOR PRIOR APPROVAL OF ABSENCE

- Complete Part I in advance of your absence
- Submit form to Program Administrator for completion of Part II.
- A completed copy will be returned **only** if your request is denied.

PART I: COMPLETED BY EMPLOYEE

Name:		Date completing form:		School/Office:	
Date(s) of Absence:		___ Full Day	___ AM Only		___ PM Only
___ Personal Illness		___ Personal Day	___ Family Illness/ <i>indicate relationship:</i>		
___ Vacation – <i>12 month employees</i>	___ Death in Family/ <i>indicate relationship:</i>		___ Attend Funeral/ <i>indicate relationship:</i>		

APPROVAL-PART II

Program Administrator:	Date:
Superintendent:	Date:

___ Absence has not been approved. Deduction will be made from your salary
Reason:

Central Office Use Only

Absence will be charged as indicated below:	
	Personal Illness
	Personal Day
	Family Illness
	Death in Family
	Funeral Day
	Vacation