

UNION COUNTY EDUCATIONAL SERVICES COMMISSION

NOTIFICATION OF ABSENCE FORM

- Complete Part I **within 24 hours upon return from absence**
- Submit to Program Administrator for approval
- A completed copy will be returned **ONLY** if your absence is not approved

PART I: TO BE COMPLETED BY EMPLOYEE

NAME: _____ DATE: _____ LOCATION: _____

DATE OF ABSENCE: _____ full day _____ AM only _____ PM only

REASON FOR ABSENCE:

____ Personal Illness
____ Emergency Personal Day (*less than 3 days notice*) Note Reason Here: _____

____ Family Illness/*indicate relationship* _____
____ Death in Family/*indicate relationship* _____
____ Funeral Day/*indicate relationship* _____
____ Vacation (12 month only)
____ Jury Duty

PART II: APPROVAL

Program Administrator: _____ Date: _____

Superintendent: _____ Date: _____

____ Absence has not been approved. Deduction will be made from your salary on: _____

Reason: _____

Central Office Use Only :

____ Personal Illness
____ Emergency Personal Day
____ Family Illness
____ Death in Family
____ Funeral
____ Vacation