

HASTINGS-ON-HUDSON UNION FREE SCHOOL DISTRICT
REQUEST FOR ABSENCE AND/OR SUBSTITUTE FORM

Name: _____ School/Department: _____

Absence

Type of Day Requested	Date(s) <i>(Specify A.M or P.M if appropriate)</i>		Substitute Needed Check box for "Yes"
Personal Illness			<input type="checkbox"/>
Family Illness			<input type="checkbox"/>
Personal Day <i>Without Reason</i>			<input type="checkbox"/>
Personal Day <i>With Reason</i>	Date(s):	Explanation:	<input type="checkbox"/>
Bereavement			<input type="checkbox"/>
Jury Duty <i>(Please attach summons)</i>			<input type="checkbox"/>
Vacation			<input type="checkbox"/>

Professional Work

Type of Day Requested	Date(s) <i>(Specify A.M or P.M if appropriate)</i>	Explanation	Substitute Needed Check box for "Yes"
Conference <i>(Out of District)</i>			<input type="checkbox"/>
Professional Activity/Meeting <i>(In District)</i>			<input type="checkbox"/>
Field Trip			<input type="checkbox"/>
Other			<input type="checkbox"/>

Employee

Employee Signature: _____ Date: _____

Principal/Supervisor

Approved: Disapproved:

Signature: _____ Date: _____

Personnel

Days Available for Use: Yes No

No payroll deduction may be taken for ____ day(s) Payroll deduction may be taken for ____ day(s)

Personnel Signature: _____ Date: _____

Superintendent or Designee

Approved: Disapproved:

Signature: _____ Date: _____

Note: A "Personal Day Without Reason" may not be taken on the day preceding or the day following a holiday.