

CAMDEN CITY PUBLIC SCHOOLS

REQUEST FOR ABSENCE/LEAVE ONLY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
POSITION: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_  
WORK/LOCATION: \_\_\_\_\_ SUBJECT/GRADE: \_\_\_\_\_  
APPT. DATE: \_\_\_\_\_ SUBSTITUTE REQUIRED: YES ( ) NO ( )

As required by the Board of Education's Governance Manual Policies, Regulations and By Laws, Administrative directives and terms and conditions set forth in employee contracts, adopted by the Board, I herewith submit a request to be relieved of my assigned duties:

Date: \_\_\_\_\_ Number of Days: \_\_\_\_\_  
Month/Day/Year

REASONS

- ( ) Personal Business
- ( ) Marriage \* (w/o pay)
- ( ) Receipt of College Degree\*
- ( ) Religious Holiday (w/o pay)
- Name \_\_\_\_\_
- ( ) Emergency Personal Day\*
- Relationship \_\_\_\_\_ (Reason Must Be Stated)
- School \_\_\_\_\_
- ( ) Bereavement\* (Name) \_\_\_\_\_
- Relationship \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

Recommended Yes ( ) No ( )

\_\_\_\_\_  
Immediate Supervisor/Principal

\_\_\_\_\_  
Director/Administrator

**\*PROOF MUST BE SUBMITTED**

**DO NOT WRITE BELOW THIS LINE**

- .....
- ( ) Approved
  - ( ) Disapproved
  - ( ) Maternity
  - ( ) Personal Day
  - ( ) Days Refunded
  - ( ) Death in Family
  - ( ) Free Day
  - ( ) \_\_\_\_\_  
Leave without pay

\_\_\_\_\_  
Signature of Superintendent

Submit two copies of this request to the Office of Human Resources through the designated administrator for your program.

**INCOMPLETE FORMS WILL BE RETURNED**