



MILL NECK

Request for Authorized Absence

Must be Submitted 3 Working Days in Advance

Employee Name: _____ Date Submitted: _____

1) I hereby request approval to be absent on the following date (s):

One day of absence on: _____
Day of Week/Date

OR:

From: _____ To: _____
Day of Week/Date Day of Week/Date

Number of Days: _____

2) Charge this absence as follows:

- Personal Day
- Professional Day
- Leave without Pay
- Vacation Day
- Sick Day
- Other - *Comp, Jury Duty,*

Employee Signature

Approvals for:

MNM Staff

MNM Staff

MNF/Admin Staff

Maint/Ground Staff

Principal _____

Supervisor _____

Supervisor _____

Supervisor _____

Asst. Supt. _____

Director _____

Executive _____

Business _____

Sub Assigned _____

Office _____

All requests are subject to the approval of the Executive Director

To: _____

Your request for authorized absence on _____

Has been approved and recorded _____

Has NOT been approved _____

Personnel Department - Authorized Signature

Copies: Personnel, Attendance Secretary, Supervisor, Employee