



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, Bereavement*

\_\_\_\_\_  
*Employee Signature*

**Approvals for:**

**MNM Staff**

**MNS Staff**

**MNF/Admin Staff**

**Maint/Ground Staff**

Principal \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor \_\_\_\_\_

Superintendent \_\_\_\_\_

Executive Director \_\_\_\_\_

President \_\_\_\_\_

Business Office \_\_\_\_\_

Sub Assigned \_\_\_\_\_

**To:** \_\_\_\_\_

Your request for authorized absence on \_\_\_\_\_

Has been approved and recorded \_\_\_\_\_

Has NOT been approved \_\_\_\_\_

\_\_\_\_\_  
**Personnel Department** - *Authorized Signature*

**Copies:** Personnel, Attendance Secretary, Employee