

**Carmel Central School District**  
**ABSENCE REQUEST/REPORT**

**NAME** \_\_\_\_\_ **POSITION** \_\_\_\_\_  
 (Please print legibly & provide FULL name)

**REASON FOR ABSENCE**

Illness, Personal, Family Illness, Leave Without Pay, Jury Duty, Serious Illness in the Immediate Family (CSEA),  
 Vacation, Death in the Family (state family relationship), Religious,  
**Conference\***, **School Business\***, or **Other\***

**\*Please state your location during this absence:** \_\_\_\_\_

**\*\*If this is Workers Compensation, please provide date of injury.** \_\_\_\_\_

REASON FOR ABSENCE	DATE/S OF ABSENCE	NUMBER OF DAYS or	NUMBER OF HOURS*

**\*If reporting absence in hours, please indicate how many hours a day you are assigned.** \_\_\_\_\_

\_\_\_\_\_  
 EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
 DATE

APPROVED

DISAPPROVED

\_\_\_\_\_  
 PRINCIPAL/SUPERVISOR SIGNATURE

\_\_\_\_\_  
 DATE