

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* |
|--------------------|-------------------|----------------------|---------------------|
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***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