

# Penns Grove-Carneys Point Regional School District

## REQUEST FOR RELEASE FROM WORK DAY

Date: \_\_\_\_\_

Dear: \_\_\_\_\_:  
Superintendent of Schools

I am requesting the following day(s) \_\_\_\_\_ for the appropriate reason as checked below:

- \_\_\_ Sick Leave
- \_\_\_ FMLA - Doctor Note Required
- \_\_\_ Vacation
- \_\_\_ Personal Business
- \_\_\_ Bereavement - Relationship (Obituary/Certificate required): \_\_\_\_\_
- \_\_\_ School Trip to: \_\_\_\_\_
- \_\_\_ Workers Compensation - Doctor Note Required
- \_\_\_ Jury Duty - Court Summons Required
- \_\_\_ Court - School Business Court Summons Required
- \_\_\_ Compensatory Time
- \_\_\_ Approved No Pay - Reason: \_\_\_\_\_ BOE Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

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

Approval \_\_\_\_\_  
**Granted** Administrator Date

Approval \_\_\_\_\_  
**Denied** Administrator Date

Approval \_\_\_\_\_  
**Granted** Superintendent Date

Approval \_\_\_\_\_  
**Denied** Superintendent Date

Following actual day of absence, please submit this form to your immediate supervisor for verification purposes, who will in turn forward to Superintendent's Office. Thank you.

### EMPLOYEE VERIFICATION OF ABSENCE

\_\_\_ In my opinion, the above-indicated absence should be accepted as legitimate. \_\_\_\_\_  
Administrator's Signature

\_\_\_ In my opinion, the above-indicated absence is not justifiable. \_\_\_\_\_  
Administrator's Signature