

YALE PUBLIC SCHOOLS

REQUEST FOR APPROVED ABSENCE

Reason for absence:

(Mark one)

Date (s)

<input type="checkbox"/> Personal	_____
<input type="checkbox"/> Medical/Health	_____
<input type="checkbox"/> Floating Holiday	_____
<input type="checkbox"/> Vacation	_____
<input type="checkbox"/> Funeral	_____
<input type="checkbox"/> Relationship _____	_____
<input type="checkbox"/> Jury Duty	_____
<input type="checkbox"/> School Business (Specify Type)	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Unpaid Personal	_____
<input type="checkbox"/> Unpaid Sick	_____
<input type="checkbox"/> Comp Time	_____

Employee

Date

Approved _____

Not Approved _____

Supervisor

Date

Copy to: Building/Department
Central Office
Employee