

DELAWARE VALLEY SCHOOL DISTRICT EMPLOYEE ABSENCE REQUEST

Please complete and submit to your Principal or Supervisor for approval.

Name:	Building:	Date:
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I request that approval be given to the following request for absence from employment:

<u>Reason</u>	<u>Date(s)</u>	<u>Comments</u>
Vacation Other (Specify):		

Employee Signature:	Date:
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Principal or Supervisor Signature or Initial:	Approved	Denied
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Reason for Action:

PRINCIPAL/SUPERVISOR SHOULD RETURN A COPY OF APPROVED/DECLINED FORM TO EMPLOYEE BEFORE SENDING COMPLETED FORM TO THE ADMINISTRATION OFFICE