

CAMBRIDGE CENTRAL SCHOOL DISTRICT
CAMBRIDGE, NEW YORK

REQUEST FOR APPROVAL OF ABSENCE

NAME _____ DATE _____

Approval is requested for absence on the following date(s):

TYPE OF ABSENCE REQUESTED:

- ____ Personal Leave
- ____ Bereavement Leave (Relationship: _____)
- ____ Vacation
- ____ Conference
- ____ Workshop
- ____ Field Trip
- ____ Jury Duty
- ____ Other (Specify: _____)

Explanation, if necessary: _____

- SUBSTITUTE NEEDED: () ALL DAY
() FOLLOWING PERIOD(S) ONLY _____
() NO SUBSTITUTE REQUIRED

(It is your responsibility to call the Substitute Service.)

SIGNED _____

Grade/Subject _____

APPROVED _____
Principal/Supervisor

APPROVED _____
Superintendent of Schools

DATE _____

DATE _____