

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: _____

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- 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 _____