

FAIRFIELD PUBLIC SCHOOLS
Fairfield, Connecticut

REQUEST FOR ABSENCE
Submit One Copy

TO: HUMAN RESOURCES

*Request is hereby made for absence from regular school assignment.

Date(s) of Absence _____ **Full Day(s)** _____
Portion of Day _____

Reason(s) In order for us to code your request properly and per your contract, please be specific:

Employee ID # _____

Signed: _____

Print Name: _____

School: _____

School Administrator's Signature

*Final approval is given by the Director of Human Resources.

Disposition:

_____ **With Full Pay**
_____ **Loss Equivalent to Substitute Pay**
_____ **Loss of Full Pay**
_____ **Loss – Other** _____

Reason Code: _____

Ann Leffert
Director of Human Resources