

FAIRFIELD PUBLIC SCHOOLS
Fairfield, Connecticut

REQUEST FOR ABSENCE

Submit in duplicate

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