

MARPLE NEWTOWN SCHOOL DISTRICT

REPORT OF ABSENCE

NAME: _____ DATE: _____

BUILDING: _____

TYPE OF LEAVE: CHECK ONE

_____ ILLNESS	_____ PERSONAL LEAVE
_____ FAMILY ILLNESS (MNEA ONLY)	_____ CONDITIONAL LEAVE
_____ FUNERAL _____ RELATIONSHIP	_____ VACATION
_____ JURY DUTY	_____ LEAVE WITHOUT PAY

**APPROVAL MUST BE OBTAINED AT LEAST ONE WEEK IN ADVANCE.
EMERGENCIES WILL BE CONSIDERED ON AN INDIVIDUAL BASIS.**

EXPLANATION OF ABSENCE: _____

_____ FULL DAY(S) (INDICATE NUMBER OF DAYS IF MORE THAN ONE)
_____ HALF DAY

MONTH DAY (S) YEAR

EMPLOYEE'S SIGNATURE DATE PRINCIPAL/SUPERVISOR DATE

DIRECTOR OF HUMAN RESOURCES DATE