

PASSAIC VALLEY REGIONAL HIGH SCHOOL

100 EAST MAIN STREET, LITTLE FALLS, NEW JERSEY 07424



Report of Absence

Absence Information

Employee Name: _____

Department: _____

Immediate Supervisor: _____

Type of Absence:

- Personal Vacation Sick Family Illness
 Time Off Without Pay Jury Duty Bereavement Other:

Dates of Absence: _____

Bereavement request must list family member: _____

*Report of absences, other than sick leave, should be done three days prior to the first day you will be absent.
Personal days for Monday and or Friday may be denied. When requesting bereavement days list family member.*

Employee Signature

Date

Approval

Signature of
Department Head

Date:

- Approved Denied Pending

Signature of
Principal

Date:

- Approved Denied Pending

Signature of
Superintendent

Date:

- Approved Denied Pending

Comments: