

SHENENDEHOWA CENTRAL SCHOOL DISTRICT
Clifton Park, New York

ABSENCE FORM

Last Name:	First Name:	Unit/Group: <input type="checkbox"/> STA <input type="checkbox"/> CSEA <input type="checkbox"/> SUSAs <input type="checkbox"/> SAA <input type="checkbox"/> Non-Rep
Date(s) of Absence(s):	<input type="checkbox"/> Full Day <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only <input type="checkbox"/> Hours Absent ____	

Please check the appropriate reason for your absence below, making sure to complete any required information. Then follow the indicated routing instructions.

- Sick Leave**
- Personal Leave** (CSEA must state reason if less than 5 days notice) ____
- Family Illness Leave** (CSEA, SUSAs, SAA, Non-Rep Only)
- Vacation** (CSEA, SUSAs, Non-Rep Only)
- Bereavement** (state relationship) ____
- Jury Duty** (attach documentation)

Routing Instructions:

Return to your building's main office prior to or the day you return from your absence.

- Professional Development** (Please check appropriate descriptor below)
 - District Goal Area (specify) ____
 - Conference/Course/Workshop (specify) ____
 - School Visitation (specify) ____
 - Instructional Planning (specify) ____
 - Other (specify) ____

Routing Instructions:

Submit to your building's Council on Professionalism (COP) at least 2 weeks prior to your absence. Approved requests should be forwarded to the building's main office. (SAA members - submit directly to your supervisor.)

Date of COP Action: _____	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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- Elementary Coordinators' Meeting**
- Grade Level Meeting**
- District-Wide Committee** (specify) ____
- CSE Meeting**
- Testing/Scoring** (specify) ____
- Department-Related Curriculum** (specify) ____
- Planning Teams** (specify) ____
- Mentor/Protégé Session**
- Field Trip** (specify) ____
- Union Business** (specify) ____
- Athletics** (specify) ____
- Mammogram/Prostate Screen**
- Other** (specify) ____

Routing Instructions:

Submit to your Academic Administrator and Principal for approval. The main office will retain the original; the employee should receive a copy.

Employee Signature

Date

Administrator/Principal Signature

Date

Administrator/Principal Signature

Date