



Rowan-Salisbury Schools
Absence Request Form
(Administrators)

This form is to be approved by your supervisor prior to absence.

Name _____ Date of Request _____

Number of days/hours requested _____

Inclusive Date(s) of Absence _____

Reason for Absence:

_____ Sick Leave

_____ Annual Leave

_____ Professional Meeting or Conference

Sponsoring Organization _____

Place of Workshop _____

_____ Staff Development

Title _____

Place of Workshop _____

_____ Observance of Bona Fide Religious Holiday

_____ Jury Duty (summons must be attached)

_____ Absence Without Pay

.....
Approval: _____ Yes _____ No

By: _____
Supervisor

Date