

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 |
| _____ ADMINISTRATIVE LEAVE | |

**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