

**SOUTH RIVER PUBLIC SCHOOLS  
UNPAID ABSENCE REQUEST FORM**

\_\_\_\_\_  
(Today's Date)

NAME \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Date(s) and Reason for the Unpaid Absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Unpaid Days Taken This Year to Date: \_\_\_\_\_ Unpaid

Sub Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Employee's Signature (Date)

\_\_\_\_\_  
Director's Signature (Date)

\_\_\_\_\_  
Principal's Signature (Date)

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SUPERINTENDENT'S OFFICE ONLY

Absence Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Superintendent's Signature (Date)

**EMAIL COMPLETED FORM TO ROBIN STEINHAUSEN AND COPY DEB NAPOLITANO. DO NOT SEND INTEROFFICE. YOU WILL BE NOTIFIED VIA EMAIL ONCE YOUR REQUEST HAS BEEN REVIEWED.**