

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

(Today's Date)

NAME: _____ ASSIGNMENT : _____

SCHOOL: _____ DO YOU REQUIRE A SUB YES___ NO___

Date of Unpaid Absence/s: _____

Reason for the Unpaid Absence/s:

Number of Days Taken This Year to Date:

_____ Vacation _____ Personal _____ Sick _____ Unpaid

Employee's Signature (Date)

Director's Signature (Date)

Principal's Signature (Date)

SUPERINTENDENT'S OFFICE ONLY

Absence Approved: ____ Yes ____ No

Superintendent's Signature (Date)

**EMAIL COMPLETED FORM TO DAWN ZUKOWSKI AND COPY CARLA MUZIKAR.
DO NOT SEND INTEROFFICE. YOU WILL BE NOTIFIED VIA EMAIL ONCE YOUR
REQUEST HAS BEEN REVIEWED. IF THE ABSENCE IS APPROVED, THE BOE
OFFICE ENTERS YOUR ABSENCE/S IN THE FRONTLINE SYSTEM.**

REVISED: 9/2026