

OYSTER BAY-EAST NORWICH CENTRAL SCHOOL DISTRICT

Oyster Bay, New York 11771

516-624-6501

REQUEST FORM:

<u>Type</u>	<u>Requirement</u>	<u>No. Days Requested</u>	<u>Date(s)</u>	<u>Explanation</u> <small>(Include relationship for Family Days)</small>
<input type="checkbox"/> Personal	<i>48-hour advance notice provided to immediate supervisor</i>	_____	_____	_____
<input type="checkbox"/> Vacation	<i>Advance notice expected to be provided to immediate supervisor</i>	_____	_____	_____
<input type="checkbox"/> Family	<i>Due to Illness or death in family (if known in advance)</i>	_____	_____	_____
<input type="checkbox"/> Other	<i>Floating Holiday, Jury Duty, Religious Holiday</i>	_____	_____	_____

Employee's Name (print)	Building	Position
Employee's Signature	Date	

FORWARD TO:

Immediate Supervisor	<input style="width: 40px; height: 20px;" type="checkbox"/> APPROVED	<input style="width: 40px; height: 20px;" type="checkbox"/> DISAPPROVED	Date
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FORWARD TO:

Principal	<input style="width: 40px; height: 20px;" type="checkbox"/> APPROVED	<input style="width: 40px; height: 20px;" type="checkbox"/> DISAPPROVED	Date
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FORWARD TO:

Superintendent	<input style="width: 40px; height: 20px;" type="checkbox"/> APPROVED	<input style="width: 40px; height: 20px;" type="checkbox"/> DISAPPROVED	Date
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Employee to attach to *Statement of Absence Form* which will be filed with attendance records in each building.

Comments _____
