



Plainfield Public Schools

Department of Human Resources

ABSENCE REQUEST FORM

*All absences **MUST** be reported to the SubFinder system at 908-668-1432 or via WebConnect from the district website without exception.*

Ten (10) Month Employees: Any request for Personal Business, Critical Illness, and/or any other day(s) before or after a school holiday **MUST** be approved by your immediate supervisor and submitted a minimum of five (5) business days in advance.

Twelve (12) Month Employees: Any request for Vacation, Personal Business, Critical Illness, and/or any other day(s) before or after a school holiday **MUST** be approved by your immediate supervisor and submitted a minimum of five (5) business days in advance.

Administrator requests for any days before or after school holidays require Superintendent approval. ALL ADMINISTRATORS ARE REQUIRED TO BE PRESENT THE LAST TEN DAYS OF AUGUST. Any exceptions require Superintendent approval.

Requestor Information (Please print clearly)

Full Name: _____ Location: _____

Position/Title: _____ Extension: _____

I am requesting the following day(s) off:

Date: _____ OR Dates From: _____ To: _____

Charge Absence to:

(Please check one) Vacation _____ Personal Illness Funeral

Critical Illness Jury Duty School Business

Employee Signature: _____

Be sure to attach required documentation for this to this form. This form must be completed and approved in advance for Vacation, expected Illness, expected Critical Illness, Funeral days and School Business. For unexpected Personal Illness or Critical Illness days, the form must be completed and approved upon return to work BUT no later than five (5) days from the initial absence. Be advised that absences without the proper approvals and/or absences that do not comply with regulations, policy, and/or contract language may result in docked day (s). Docked time will be deducted from the subsequent pay check.

Approved Disapproved Date: _____

Administrator: _____ Administrator Signature: _____

Superintendent/HR approval required for Personal Business/Illness days before or after a school holiday or vacation days and for Critical Illness days ONLY.

Superintendent Signature: _____ Date: _____

(As required)

Approved Disapproved HR Director: _____