Plainfield Public Schools
Department of Human Resources

ABSENCE REQUEST FORM

This form is for approval only. All absences MUST be reported to the SubFinder system by the employee within the allotted time. NO EXCEPTIONS

Attention Employees: All requests **MUST** be approved by your immediate supervisor and submitted via dept. Secretary to the Assistant Superintendent of your area for approval. Verification of time will be completed and approved by the Assistant Superintendent of Administrative Services and returned to Dept. Secretary. **All approvals must be obtained a minimum of five (5) days prior to the absence, except in cases of emergency.**

All Administrator's request(s) require Superintendent approval.
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: _____ **Extension:** _____

Position/Title: _____

I am requesting the following day(s) off: **Dates From:** _____**To:** _____

Charge Absence To:
(Please check one.) **Personal Business ☐** **Vacation ☐** **Death-in-Family ☐** **Personal Illness ☐**
Critical Illness ☐ **Jury Duty ☐** **School Business ☐**

Employee Signature:_____ **Date:** _____

Attach required documentation to this form. For all expected absences this form must be completed and approved a minimum of five (5) days in advance. For unexpected emergency this 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 prior approval(s) and/or absences that are not within regulation, policy, and/or contract language may result in docked pay, the pay will be deducted from the subsequent pay check.

Administrator Signature: _____ Date:_____
Approved ☐ Disapproved ☐ ***(signature)***
_____ Date:_____
(print)

B&G Signature/Custodial Staff: _____ Date:_____

Asst. Supt./Ed. Svcs. Signature: _____ Date:_____
Approved ☐ Disapproved ☐

Superintendent Signature: _____ Date:_____
Approved ☐ Disapproved ☐

Asst. Supt./Adm. Svcs. Signature: _____ Date:_____