

North Schuylkill School District



STAFF ABSENCE FORM

Date

TO: Business Office/Superintendent's Office

I hereby apply for leave of absence on the following day(s):

(OR)

I was absent from work because of: _____

[Attach Doctor's Certificate for absence of more than four (4) consecutive days* OR more than three (3) consecutive days**]

Please Check One:

SICK LEAVE

Staff Member Signature

PERSONAL LEAVE

Staff Member Name - PRINTED

VACATION

Administrator Signature

OTHER (Specify)
