

# 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

PERSONAL LEAVE

VACATION

OTHER (Specify)

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Staff Member Name - PRINTED

\_\_\_\_\_  
Administrator Signature

\*NSEA  
\*\*NSESPE