EAST WINDSOR PUBLIC SCHOOLS

REQUEST FOR ABSENCE FORM – WORK RELATED REASON

*Employees of the East Windsor School District desiring permission to be absent from their assignment for any professional day purposes must complete this form. Complete **one** sheet for each request **(duplicate copy no longer necessary)**. Fill out and submit this form to your building administrator (and Director of Special Education, if applicable) for approval. Your request will be forwarded to Central Services where a determination will be made by the Director of Curriculum. You will receive an email confirmation from Central Services once the determination has been made.* ***Please Note: Approval must be obtained prior to the requested date(s).***

Check one:
- ☐ Professional Development
- ☐ In District
- ☐ Out-of-District
- ☐ Professional Meeting/Service
- ☐ Committee Work
- ☐ Grant Writing
- ☐ Other _____

Employee's Name (print) _____ Date of Request _____

School _____

Permission is requested to be absent on the following date(s) and time(s): _____ _____
Date(s) Time(s)

Request is for: Full-Day _____ Half-Day_____ ☐ a.m. ☐ p.m.

Reason for Absence: _____

Professional Meeting or Conference: _____

Location: _____

Focus and purpose for attendance/explanation of how the conference or meeting aligns with District Goals, School Goals and/or Team Goals: _____

_____

_____

Is a substitute needed? ☐ Yes ☐ No

I will share the pertinent information and skills gathered during the event through:
☐ Professional Development ☐ Faculty Meeting ☐ Written Report to Principal/Supervisor/Central Office
☐ Other _____

(To be completed by Administrator)

CONFERENCE COSTS: To be completed for **all** conference, workshop, and seminar attendance.

- ✧ Conference information must accompany request
- ✧ Administrator funding conference must complete and attach a purchase order
- ✧ Employee **must** submit receipts for all expenses

Budget Line: _____ Title: _____ Code: _____

APPROVALS

Principal _____ ☐ Approved ☐ Not Approved Date: _____
(and Director of Special Education, if applicable) _____ Reason: _____

Director of Curriculum: _____ ☐ Approved ☐ Not Approved Date: _____
Reason: _____

Revised 07-08/13-1, 7/13/17