

**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).***

<b>Check one:</b>	Professional Development	Professional Meeting/Service	Other
	In District	Committee Work	
	Out-of-District	Field Trip	

Employee's Name (print) \_\_\_\_\_ Date of Request \_\_\_\_\_

School \_\_\_\_\_

Permission is requested to be absent on the following date(s) and time(s): \_\_\_\_\_

Request is for: Full-Day	Half-Day	a.m.	p.m.	Date(s)	Time(s)
--------------------------	----------	------	------	---------	---------

Reason for Absence: \_\_\_\_\_

Location: \_\_\_\_\_

Focus and purpose for attendance/explanation of how the professional development aligns with district, school, and/or team goals:

**Is a substitute needed?**      Yes      No      Kelly Confirmation #:

I understand that I may be required to share information from this professional development with others at the request of administration.

**EMPLOYEE SIGNATURE:**

(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: \_\_\_\_\_

Director of Special Education: \_\_\_\_\_ Reason: \_\_\_\_\_  
(if applicable)

Asst. Superintendent of \_\_\_\_\_ Approved      Not Approved      Date: \_\_\_\_\_  
PK-12 Instruction: \_\_\_\_\_ Reason: \_\_\_\_\_