CLIFFSIDE PARK SCHOOL DISTRICT
CLIFFSIDE PARK, NJ

REV. 1/29/2010
FORM 54a

STAFF ABSENCE FORM

PART A: ***PERSONAL/SCHOOL BUSINESS*** **Today's Date_____**

I request permission to be excused from school duties on:
Date(s) Requested _____

Vacation Days _____

Personal Business*_____

School Business**_____

Funeral Day(s)***_____

* must give reason if three (3) consecutive days or before/after a school holiday
** must give reason and complete this Form and Travel Expense Report if expenses are to be reimbursed
*** immediate relative only (spouse, parent, sibling, progeny)

_____ _____
Signature of employee Print name of employee

_____
Principal's signature

_____ Approved ☐ Denied ☐
Superintendent's signature
Reason for denial_____

PART B: ***PERSONAL ILLNESS***

My absence(s) on _____ was due to
Date(s)

_____, I notified _____on
Reason name

_____ at_____O'Clock ☐ PM ☐ FULL
Date

_____ _____
Signature of employee Print name of employee

_____
Principal's signature

SUBMIT THIS FORM IN DUPLICATE