



YALE PUBLIC SCHOOLS – REQUEST FOR APPROVED ABSENCE

EMPLOYEE NAME: _____

REASON FOR ABSENCE:

<u>(Mark one)</u>	<u>Date (s)</u>
_____ Personal	_____
_____ Medical/Health	_____
_____ Floating Holiday	_____
_____ Vacation	_____
_____ Funeral	_____
_____ Relationship _____	
_____ Jury Duty	_____
_____ School Business (Specify Type)	_____
_____ Other	_____
_____ Unpaid Personal	_____
_____ Unpaid Sick	_____
_____ Comp Time	_____

Employee Signature

Date

Approved _____

Not Approved _____

Supervisor Signature

Date

Copy to:
Building/Department
Central Office
Employee