REV. 1/25/2019 FORM 54a

## CLIFFSIDE PARK SCHOOL DISTRICT CLIFFSIDE PARK, NJ

## STAFF ABSENCE FORM

Print: Employee Name				Employee signature			
PART A:	TA: PERSONAL/SCHOOL BUSINESS			Today's Date:			
	nission to be excused f						
Vacation Day	s						
Personal Busi	ness*						
School Busine	ess**						
Funeral Day(s	8)***						
	e reason if three (3) cons e reason and complete th ntract					e reimbursed	
Principal's signature Supe			ipervisor's	isor's signature (MS & HS only)			
Superintender	nt' signature	•	pproved ason for d				
PART B:	PERSONAL ILL	<b>NESS</b> (doctor n	ote required i	f five (5) or m	ore consecutiv	ve days taken)	
My absence(s	) on	Date(s)			was	/were due to	
		Reaso	n				
I notified	Name	on	, at _ ute	Time	□РМ	□ FULL	
Principal's signature			Supervisor's signature (MS & HS only)				