

**GOSHEN CENTRAL SCHOOL DISTRICT
GOSHEN, NEW YORK 10924**

AUTHORIZATION FOR ABSENCE	
<input type="checkbox"/> INSTRUCTIONAL	<input type="checkbox"/> NON-INSTRUCTIONAL (Blue)
== ELIGIBLE PERSONNEL ONLY ==	

DIRECTIONS: You are required to use this form to cover matters listed below. The completed form should be submitted to your supervisor or principal ahead of time for personal leave or vacation, and immediately upon return from other leaves. Negotiated contract agreements and Board Policy will determine final decisions.

TO: BOARD OF EDUCATION:

I hereby request that no salary deduction be made as a result of my absence from duty on the following date(s):

MONTH/YEAR: _____ **Please enter DATE in proper box. ***

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
First Week					
Second Week					
Third Week					
Fourth Week					
Fifth Week					

REASON FOR ABSENCE: *(Please check all that apply.)*

** Please indicate any 1/2 days as ".5"*

- (S) Personal illness. *If (WC) Workers' Comp., please check box & indicate injury date:* _____
- (F) Family illness. **MUST specify relationship:** _____
- (B) Death in family. **MUST specify relationship:** _____
- (P) Personal leave. **I CERTIFY MY PERSONAL BUSINESS CANNOT BE HANDLED ON ANY NON-SCHOOL DAY.**
- (V) Vacation. (MM) Breast/Prostate Cancer Screening - Dr. Note Req.
- (JD) Jury Duty. **MUST include affidavit.** (W) Snow Day. **(Clerical staff ONLY.)**
- (R) Religious observance. **(Title VII - Teachers ONLY. Limit (1) one.)**
- (LV) Unpaid leave. **MUST specify reason:** _____
- (___) Other leave. **MUST specify reason:** _____

PLEASE NOTE: Any requested time that exceeds the available balance will be charged to another available attendance code. If no other code has an available balance, time taken will be **UNPAID.**

PRINT NAME: _____

SIGNATURE: _____ **Date:** _____

(Principal/Supervisor) (Date)

(Superintendent) (Date)

Authorization is REQUIRED.