

MONTOURSVILLE AREA SCHOOL DISTRICT
50 North Arch Street Montoursville PA 17754

ABSENCE REQUEST
(Submit to Building Principal or Supervisor)

Name of Staff Requesting Absence: _____

Date of Absence(s) Requested : _____

Reason:

- Personal Day
- Vacation
- Day without Pay (if less than 10 *) (provide reason below)

Reason _____

- Emergency Day (provide reason below)

Reason _____

Signature of Employee : _____

(To be completed by building Principal or Supervisor)

Date request received by Principal/Supervisor : _____

Approved _____

Not Approved _____ Reason : _____

Substitute will be : _____

Principal/Supervisor's Signature : _____

Superintendent's Signature (for emergency & without pay leave) :

*If a staff member has accumulated 10 or more days without pay for the current school year, a request for leave without pay must be submitted to the School Board for approval. (Per Board Policy #439, 539)