

**MONTOURSVILLE AREA SCHOOL DISTRICT**  
**50 North Arch Street Montoursville PA 17754**

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**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)

