

**CLIFFSIDE PARK SCHOOL DISTRICT  
CLIFFSIDE PARK, NJ**

**STAFF ABSENCE FORM**

**PART A:** PERSONAL/SCHOOL BUSINESS Today's Date \_\_\_\_\_

I request permission to be excused from school duties on:

Date(s) Requested \_\_\_\_\_

Vacation Days \_\_\_\_\_

Personal Business\* \_\_\_\_\_

School Business\*\* \_\_\_\_\_

Funeral Day(s)\*\*\* \_\_\_\_\_

\* must give reason if three (3) consecutive days or before/after a school holiday

\*\* must give reason and complete this Form and Travel Expense Report if expenses are to be reimbursed

\*\*\* immediate relative only (spouse, parent, sibling, progeny)

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Print name of employee

\_\_\_\_\_  
Principal's signature

\_\_\_\_\_  
Superintendent's signature

Approved ☐ Denied ☐

Reason for denial \_\_\_\_\_

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**PART B:** PERSONAL ILLNESS

My absence(s) on \_\_\_\_\_ was due to  
Date(s)

\_\_\_\_\_, I notified \_\_\_\_\_ on  
Reason name

\_\_\_\_\_ at \_\_\_\_\_ O'Clock ☐ PM ☐ FULL  
Date

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Print name of employee

\_\_\_\_\_  
Principal's signature

**SUBMIT THIS FORM IN DUPLICATE**