

**PERSONAL BUSINESS - APPLICATION FOR EXCUSE OF ABSENCE WITH PAY**

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE(S) OF REQUESTED ABSENCE: \_\_\_\_\_ NUMBER OF DAYS \_\_\_\_\_

*I REQUEST THAT MY ABSENCE FROM DUTY FOR THE REASON CHECKED BELOW, BE EXCUSED WITH PAY FOR THE DAY(S) ABOVE, AND, WITH KNOWLEDGE OF THE PROVISIONS OF SECTION 3005-b OF THE EDUCATION LAW, HEREBY WAIVE MY RIGHT FOR THE DAY(S) TO BE CREDITED AS SICK DAY (S) AND AUTHORIZE THAT SUCH DAY(S) BE CHARGED AGAINST MY ANNUAL SICK LEAVE ALLOWANCE.*

**NON – DISCRETIONARY ABSENCE REASONS:** (attach documentation) **CHECK ONE:**

DEATH OR SICKNESS IN IMMEDIATE FAMILY \_\_\_\_\_

RELIGIOUS OBSERVANCE \_\_\_\_\_

LEGAL MATTERS: \_\_\_\_\_

house closing, income tax hearing, adoption proceedings,  
court appearance, probating will, obtaining profession certification

CEREMONIES: \_\_\_\_\_

graduation of spouse or child, day of wedding ceremony,  
religious ceremonies immediate family

BEREAVEMENT OR SHIVAH: \_\_\_\_\_

relative, not included in contract, friend

**DAY BEFORE OR AFTER A RECESS** \_\_\_\_\_

**ABSENCE DUE TO ANY OTHER REASON:** (attach documentation) \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINCIPAL/SUPERVISOR: \_\_\_\_\_

---

***TO BE COMPLETED BY THE ATTENDANCE OFFICE***

Number of days of Personal Business excused and waived as sick day(s)  
during the current school year: \_\_\_\_\_

Number of days available to applicant for the request: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
Sr. Data Specialist

**The above request (APPROVED) (DENIED) (circle one)**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Executive Director of Human Resources