

# Longwood Central School District

## ABSENCE WITH PAY

All personal leave days must be approved at least two (2) working days in advance by the Assistant Superintendent for Human Resources or his/her designee, except in the event of extreme emergency. One copy will be returned to the applicant, one copy forwarded to the Building Principal or Director, and one retained in Central Office.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

School/Office: \_\_\_\_\_

Requested Date(s) of Absence: \_\_\_\_\_

\_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Principal or Director's Signature** \_\_\_\_\_

(To indicate awareness of this request)

\_\_\_\_\_  
Date

**Approved**

**Disapproved**

\_\_\_\_\_  
**Signature of Assistant Superintendent for  
Human Resources**

**This form can not be submitted without the appropriate signatures and dates**

**This space may be used for physician's certification of illness, if needed**