

LONGWOOD CENTRAL SCHOOL DISTRICT

**CIVIL SERVICE EMPLOYEES
ABSENCE WITHOUT PAY**

This form should be submitted in triplicate, in advance, by the person requesting approval of an absence without salary.

Name _____ Date _____

Position _____ School/Office _____

Date(s) of Absence _____

Reason _____

All Vacation Days Used _____ Employee's Signature

All Personal Days Used _____ Principal or Director's Signature

All Sick Days Used _____

Approved Disapproved Asst. Supt. for Human Resources Signature

white copy: Applicant

yellow copy: Administrator

pink copy: Central Office