

**EPPING SCHOOL DISTRICT
Administrator's Absence Form**

Please fill out when you are going to be out of the building or have taken sick or bereavement days.

Person Requesting: _____

Date of Request: _____

Date(s) of Absence: _____

Reason for Absence:

- _____ Sick
- _____ Personal
- _____ Bereavement**
- _____ Professional**
- _____ Vacation

**For Bereavement, state relationship of bereaved (father, mother, uncle, aunt, etc.). For Professional, please indicate workshop or event being attended.

Supervisor's Approval Signature

SEND TO SAU BUILDING

Date Received: _____

Form 5-2008