

# FAIRFIELD PUBLIC SCHOOLS

Fairfield, Connecticut

## REQUEST FOR ABSENCE

Submit One Copy

**TO: HUMAN RESOURCES**

\*Request is hereby made for absence from regular school assignment.

**Date(s) of Absence:**

**Full Day(s)** \_\_\_\_\_

**Portion of Day** \_\_\_\_\_

**Reason(s)** In order for us to code your request properly and per your contract, please be specific:

---

---

---

---

**Employee ID #** \_\_\_\_\_

Signed: \_\_\_\_\_

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

School: \_\_\_\_\_

\_\_\_\_\_  
School Administrator's Signature

---

---

\*Final approval is given by the Executive Director of Human Resources.

### **Disposition:**

\_\_\_\_\_ **With Full Pay**

\_\_\_\_\_ **Loss Equivalent to Substitute Pay**

\_\_\_\_\_ **Loss of Full Pay**

\_\_\_\_\_ **Loss – Other** \_\_\_\_\_

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

\_\_\_\_\_  
Ann Leffert  
Interim Director of Human Resources