

## Manchester Public Schools 45 North School Street

Manchester, Connecticut 06042

## Request to be Absent Form for All Employees

Please complete entire form in pen or electronically

Date:	Name:		Employee #:	
Building:	Position/G	Position/Grade:		
Date(s) of	f Absence:		Total Time:	
	Replace/Revise original Request to be Absen	t for (da	date of absence)	
	nember to log all absences through the substi	Non-	ystems: Certified: www.aesoponline.com n-Certified: app.readysub.com/account/login	
Confirmati	on or Job Number:	ı		
Please che	ck category of request below:			
	Personal		Jury Duty (please attach summons)	
	Funeral		Floating Holiday (MAES/IT only: 1 per year)	
	Religious Obligations		Vacation (52 week employees only)	
Supervis	ors, and Unaffiliated Staff):			
SIGNATII	RE AND POSITION SO	CHOOL		
Principal,	Principal/Supervisor Signature:		Date:	
	Please send completed form to H	luman	n Resources for final approval.	
	APPROVED (WITH PAY) APPRO	VED (V	WITHOUT PAY)	
Human R	Human Resources Signature:		Date:	
Comment	CS:			
	ALL ADSENCES ADE DAVADI E TO	O THE	EVTENT OF AVAILABLE TIME	