



Saugus Public Schools

23 Main Street
Saugus, Massachusetts 01906
(781) 231-5000 x117
Fax: (781) 233-9424

Richard P. Langlois
Superintendent of Schools

REQUEST FOR EXCUSED ABSENCE

FILING DATE: _____

NAME (Print): _____

CAFETERIA

CUSTODIAN

PARAPROFESSIONAL

CLERICAL

NON-UNIT

TEACHER

REASON FOR ABSENCE:

(PLEASE CHECK ONE)

___ Personal ___ Bereavement ___ Other _____

(Explain)

___ Jury Duty (Please attach documentation)

DATE(S) REQUESTED: _____

Employee Signature: _____

(I have reviewed my Attendance Accrual Summary in X-2 and have the requested time available)

BUILDING PRINCIPAL/SUPERVISOR APPROVAL: _____

DIRECTOR OF PUPIL PERSONNEL APPROVAL: _____

(IF APPLICABLE)

SUPERINTENDENT'S APPROVAL: _____

Please submit to building principal) at least 7 days in advance prior to date(s) requested (where applicable). A copy of the approved request will be submitted to the Business Office, and a copy in the employees file.

Revised 1/13/09