EUSTIS SCHOOL DEPARTMENT
STRATTON SCHOOL
65 SCHOOL STREET
STRATTON, ME 04982

REQUEST TO BE ABSENT FROM WORK

VACATION ILLNESS
PERSONAL SCHOOL BUSINESS JURY DUTY BEREAVEMENT

NAME: _____

DATE (S) TO BE ABSENT: _____ # OF DAYS: _____

REASON FOR ABSENCE: _____
_____
_____

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COMPLETE THIS SECTION FOR SCHOOL BUSINESS ONLY:

IN WHAT WAY WILL YOU ATTENDANCE HELP YOUR WORK IN OUR DISTRICT?
_____
_____

LOCATION OF CONFERENCE, MEETING, ETC.: _____

ARE YOU REQUESTING REIMBURSEMENT OF EXPENDITURES: _____Y _____N

ESTIMATE OF EXPENDITURES: _____
(If yes, expense voucher must be completed after attendance)

DID YOU ATTEND THIS MEETING LAST YEAR? _____Y _____N
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_____ _____
Date of Initial Request Person Making Request

_____ _____
Date of Approval Principal/Supervisor

_____ _____
Date Superintendent of School