PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT
106 WASHINGTON AVENUE
PLAINVIEW, NEW YORK 11803

REQUEST FOR:

- **PERSONAL DAY** ☐
- **RELIGIOUS OBSERVANCE** ☐
- **UNION BUSINESS** ☐
- **OTHER (INDICATE)** ☐

_____
Today's Date

TO: **Dr. Mary O'Meara**
Superintendent of Schools

FROM: _____
Name

_____
Position

_____
School

I request a day of absence on _____
Day of Week

_____
Date

_____
Signature

If the day requested is Monday or Friday, or the day after or day before a vacation or holiday recess period, please provide the reason for this request in the space below. PLEASE BE ADVISED THAT FURTHER DOCUMENTATION MAY BE REQUESTED BY ADMINISTRATION.

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PROCEDURE IS AS FOLLOWS:

1. **SUBMIT THIS FORM DIRECTLY TO YOUR BUILDING ADMINISTRATOR FOR APPROVAL FORTY EIGHT HOURS PRIOR TO THE REQUESTED DAY WHENEVER POSSIBLE.**
2. **BUILDING ADMINISTRATOR WILL FORWARD FORM TO THE SUPERINTENDENT'S OFFICE FOR VERIFICATION.**
3. **SUPERINTENDENT'S OFFICE WILL FORWARD TO THE ASSISTANT SUPERINTENDENT FOR HUMAN RESOURCES, FOR APPROVAL.**
4. **A COPY OF COMPLETED FORM WILL BE RETURNED TO BUILDING ADMINISTRATOR AND TO INDIVIDUAL WHO SUBMITTED IT.**

☐ **Approved** ☐ **Not Approved**

_____ _____
Building Administrator **Assistant Superintendent for Human Resources**

Revised 7/1/2020