

HANOVER PARK HIGH SCHOOL
EAST HANOVER, NEW JERSEY

EMPLOYEE ABSENCE FORM

Name _____

DATE: _____

DATE (S) OF ABSENCE _____

A. Employee Illness _____

B. Death in Immediate Family _____

C. Illness in Immediate Family _____

D. Personal _____

E. Professional _____

F. Workman's Compensation _____

Date of Initial Injury _____

Nature of Current Injury _____

Substitute Needed? _____

Signature of Employee

Principal's Signature

Posted _____