

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

Administrative Day(s) Request Form

Name of Individual for Whom Leave is Requested: _____

Date Submitted: _____ School: _____

Date of Administrative Leave: _____

Reason for Administrative Leave: _____

A substitute is required: Full Day _____

(Check one) Half Day _____

Substitute arrangements to be made by: (Check One) Principal/Supervisor _____ Teacher _____

A SUBSTITUTE WILL BE PROVIDED ONLY AFTER THE APPROVAL OF THE REQUEST FORM.

Principal/Supervisor have verified that the absence of this individual from his/her assigned duties on the date(s) specified is not in conflict with other activities at the school location i.e., testing, field trips, etc.

This form must be completed before the date or days are taken.

Building Principal Approval: _____ Date: _____