The Lovett School
Approval of Absence

Please check one:
_____ Personal Day(s)
_____ Vacation Day(s)
_____ Sick Day(s)
_____ School Business
_____ Religious Holiday

Date(s) of Absence: _____

Reason for Absence: _____

_____

_____
Employee's Signature

_____
Supervisor's Approval

_____
Department Head's Signature

_____ (No reduction in pay)
_____ (Reduction in pay)

Please complete and file with the Business Office.