

**MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT**

**Absence From Work Without Pay**

**Employee's Name:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Date(s) of Absence:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

\_\_\_\_\_

**I hereby certify that the above information is correct:**

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date**

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\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Disapproved**

\_\_\_\_\_ **Administrator's Signature**