

Warren County Special Services School District  
1500 Route 57, Suite 1  
Washington, NJ 07882  
Tel. 908-835-1004 Fax 908-835-1042

**REQUEST FOR PERSONAL/PROFESSIONAL**

Name \_\_\_\_\_ Assignment \_\_\_\_\_

Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUEST FOR:

IF EXPLANATION IS NEEDED:

- |                          |                                  |       |
|--------------------------|----------------------------------|-------|
| <input type="checkbox"/> | Personal Illness                 | _____ |
| <input type="checkbox"/> | Personal Day                     | _____ |
| <input type="checkbox"/> | Bereavement,<br>Immediate Family | _____ |
| <input type="checkbox"/> | Family Illness                   | _____ |
| <input type="checkbox"/> | Professional Day *               | _____ |
| <input type="checkbox"/> | Vacation Date<br>(Office Staff)  | _____ |

Day(s) Requested: \_\_\_\_\_

\*Professional Day request form must be completed as well.

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**PROPER/CONTRACTUAL NOTICE IS EXPECTED**

- |                          |                           |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Leave Approved            |
| <input type="checkbox"/> | Leave <i>Not</i> Approved |

REASON: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_