

EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

<http://www.escnj.us>

1660 Stelton Road

Piscataway, New Jersey 08854

Telephone: (732) 777-9848

Fax: (732) 777-9855

To: Nadia Romano

From: _____

Date: _____

Subject: Request for Leave Day to be Entered into Frontline/Corrected

I was unable to enter a leave day request into Frontline to document my absence today. Therefore, I am requesting that a leave day be entered into Frontline on my behalf as follows:

Name: _____ Location: _____

Date of Absence: _____

Type of Absence (CIRCLE ONE): Sick Personal Other _____

Length of Absence (CIRCLE ONE): Full Day ½ Day AM ½ Day PM

Specific Reason for Absence (provide for all days except for sick days).

Signature of Staff Member: _____

*I understand that personal days will not be granted before or after a school/work holiday.

*I understand that sick days taken before or after a school/work holiday will require documentation in the form of a doctor's note to be considered for approval.

For Administrator Use Only:

Date entered: _____

Administrator Initials: _____