

Certification of Absence from Primary Assignment



Saucon Valley School District
2097 Polk Valley Rd
Hellertown, PA 18055
610-838-7001
www.svpanthers.org

Employee Name:

Date Submitted:

School/Building:

Position Title:

Employee Signature: _____

Reason	Date(s) Absent	Total # of Days	Sub Needed?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If death is in **IMMEDIATE FAMILY**, please list relationship:

If death of **NEAR RELATIVE, please list relationship:

ADMINISTRATIVE USE ONLY

Approved (Yes/No): _____

Employee # (Office Use Only) : _____

If no, please provide reason:

Signature of Immediate Supervisor: _____

Date: _____

Signature of Superintendent (Act 93 only): _____

Date: _____