

HENRY HUDSON REGIONAL SCHOOL
HIGHLANDS, NEW JERSEY

EMPLOYEE ABSENCE REPORT

Today's Date_____

PLEASE FILL OUT AND RETURN TO MRS. WILLIAMS IN THE MAIN OFFICE.

NAME _____

DATE(S) OF ABSENCE _____

*REASON FOR ABSENCE _____

*Indicate if this is a family illness, illness, personal day, vacation

PLEASE RETURN THIS FORM TO Ms. Williams.

If less than 24 hour notice, please advise Mrs. Reagan if substitute coverage needed.

Principal _____

Date _____

Superintendent's Signature _____

Date_____