

DUTCHESS COUNTY
BOARD OF COOPERATIVE EDUCATIONAL SERVICES
5 BOCES Road • Poughkeepsie, New York 12601-6599

REQUEST FOR APPROVAL OF ABSENCE
Personal Day, Bereavement, Jury Duty

Name _____ Date _____
(Please Print)

I find it necessary to be absent from my position on the following day(s) and dates(s) for the reason checked below:

Bereavement (relation) _____

Jury Duty _____

Other _____

Personal _____

Written _____

Written _____

_____mitted with a reason.

**THIS IS A SAMPLE
SEE YOUR
SUPERVISOR OR
PROGRAM
SECRETARY FOR
THE THREE PART**

Day (s) and Date (s) Reason _____

Signature: _____

APPROVED

DISAPPROVED

(Signature of Supervisor)

Date

Comments (Supervisor): _____

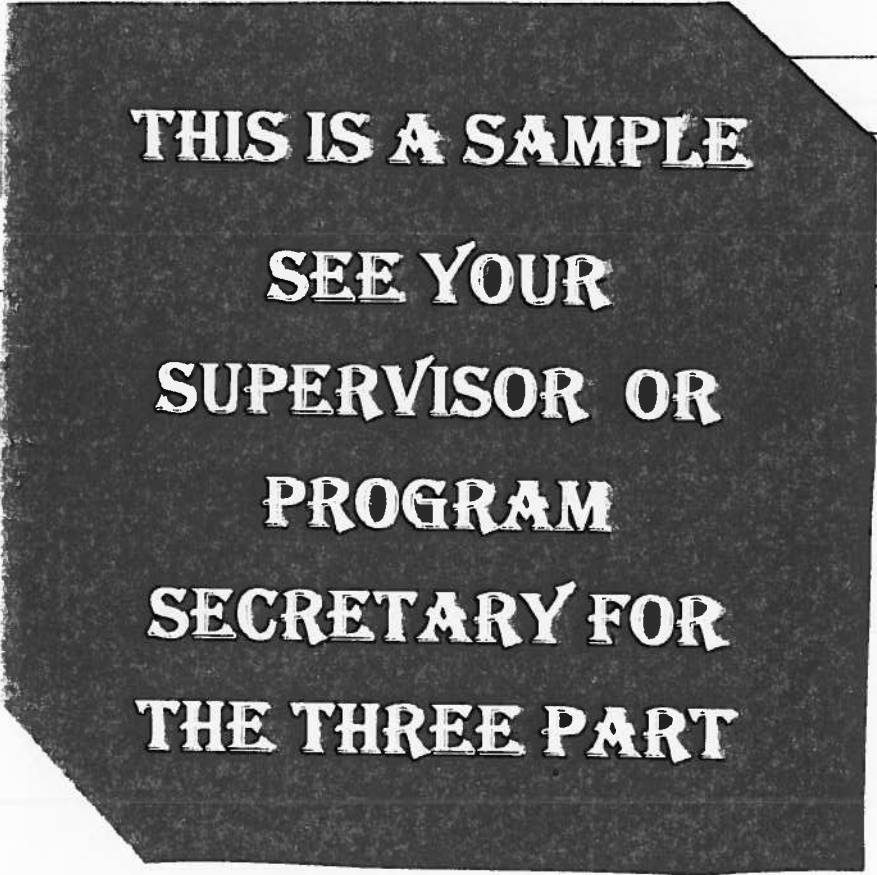
DUTCHESS COUNTY
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REQUEST FOR APPROVAL OF VACATION DAYS

Name _____ Date _____
(Please Print)

Day (s) and Date (s) Requested: _____

Signature: _____



Comments (Supervisor): _____

