HOLMDEL TOWNSHIP BOARD OF EDUCATION
Holmdel, New Jersey 07733

EXHIBIT

File Code: 4151

HOLMDEL TOWNSHIP PUBLIC SCHOOLS
PERSONAL ATTENDANCE FORM

Directions: Please complete this form prior to each **anticipated** absence from school or from your usual work assignment, or immediately upon your return to school from an **unanticipated** absence. It should be submitted to your building principal or, if you are a member of the transportation or building services departments, submit it to your supervisor. This form will enable us to serve you better with an accurate attendance accounting system. Thank you for your cooperation.

Part I

TO: Superintendent's Office DATE: _____

FROM: _____ _____
Name (please print) Employee's Signature

SCHOOL: _____ (or) DEPARTMENT: _____

Part II

Date(s) of Activity: _____
Number of Days Taken/Type of Activity:

_____ *1. Personal Day
_____ *2. Family Illness
_____ *3. Death-in-Family
_____ 4. Vacation
_____ 5. Compensatory Day

Other: Explanation _____
_____

Part III SUBSTITUTE INFORMATION (to be completed by principal or designee)

_____ Number of Substitute Days _____
SUBSTITUTE'S NAME

Part IV (Please check one and sign)

* Acknowledged _____ Approved _____ Disapproved _____

_____ Date _____
Building Principal, Transportation Coordinator
or Relevant Administrator

White-Personnel File Green-Central Office Canary-Substitute Caller Pink-Building File Goldenrod-Employee

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