



# Northumberland County Career and Technology Center

1700-2000 West Montgomery Street • Coal Township, PA 17866  
Tel: 570-644-0304 • Fax: 570-644-2157

Name: \_\_\_\_\_

Administration: \_\_\_\_\_ Faculty: \_\_\_\_\_ Support Staff: \_\_\_\_\_

Date of Absence: (Only one pay period per form)

\_\_\_\_\_

Substitute: \_\_\_\_\_

- Sick Day
- Personal Day
- Vacation
- Emergency (Reason)

\_\_\_\_\_

- Death (Name of Person and relationship – 1or 5 day)

\_\_\_\_\_

- Other (Please explain)

\_\_\_\_\_

\_\_\_\_\_

- I rescind my absence request for \_\_\_\_\_  
Original Date of Absence

## Employee Statement

I am requesting and/or rescinding an absence for the date noted above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Approval

\_\_\_\_\_  
Date