

EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

1660 Stelton Road
Piscataway, NJ 08854
Phone: (732) 777-9848 Fax: (732) 777-
<http://www.escnj.us>

To: Russell Hudson

From: _____

Date: _____

Subject: Request for Leave Day to be entered into Frontline/Corrected

I was unable to enter a leave day request into Frontline to document my absence today. Therefore, I am requesting that a leave day be entered into Frontline on my behalf as follows:

Name: _____ Location: _____

Date of Absence: _____

Type of Absence (CIRCLE ONE): Sick Personal Other _____

Length of Absence (CIRCLE ONE): Full Day ½ Day AM ½ Day PM

Specific Reason for Absence (provide for all days except for sick days).

Signature of Staff Member: _____

*I understand that personal days will not be granted before or after a school/work holidays

*I understand that sick days taken before or after a school/work holiday will require documentation in the form of a doctor's note to be considered for approval.

For Administrator Use Only:

Date entered: _____

Administrator Initials: _____

Academy Learning Center • Adult Community Services • Bright Beginnings Learning Center • Center for Lifelong Learning • Future Foundations Academy
• NuView Academy • Pathways to Adult Living • Piscataway Regional Day School • Turning Point Academy

Child Study Team & Related Services • Collaborative Educational Services • Cooperative Pricing – Lease Purchase Bidding • Cooperative Transportation
Home Instruction • Nonpublic School Services • Children's Specialized Hospital • Itinerant Services for Children with Hearing Loss • Professional Development Academy