

IRVINGTON PUBLIC SCHOOLS Office of the Superintendent

Dr. April Vauss Superintendent

(973) 399-6800 x 2110

One University Place Irvington, New Jersey 07111 (973) 372-3724 fax

Out-of-District Request Form

This form must be completed by any staff member who will be out of the district for any part of the day, or all day. The form is to be forward to the staff member's immediate supervisor for his/her signature at least five (5) days prior to the date(s) of the requested absence(s).

Name:		Date submitted:	
Please check the app from the district:	propriate box that be	est describes the re	eason for your absence
Conference	Workshop	Training	Meeting
Other Title of	workshop:		
Location:			
Date(s):	Commencing:	Ending:	
Anticipated time tha	t you will leave the	district:	
Anticipated time tha	t you will return to	the district:	
Contact person at the event	:		
Approved by:	Immediate Supervisor	Date:	

Attach a copy of the registration form or invitation.