



Maria L. Varisco-Rogers Charter School, Inc

Providing new alternatives for a better education

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REQUEST FOR TIME OFF

Date Submitted: _____

Staff Name: _____

Signature: _____

Date(s) _____ **V () S () P () Other () Specify:** _____ **Days** _____

Date(s) _____ **V () S () P () Other () Specify:** _____ **Days** _____

Date(s) _____ **V () S () P () Other () Specify:** _____ **Days** _____

Date(s) _____ **V () S () P () Other () Specify:** _____ **Days** _____

Date(s) _____ **V () S () P () Other () Specify:** _____ **Days** _____

Supporting Documentation Attached? Y () N () Type: _____

Supervisor Use _____

Approved () Denied () * Must provide comments below to explain reason for denial.

Comments:

Supervisor's Name: _____ **Signature:** _____

Date of Signature: _____

V = Vacation (For Administration Use Only)

S= Sick

P= Personal