## Delano Public Schools

## Absent Without Pay Form

Name:		
Position:		
I will be absent from work on	(Dates)	/ (Hours)
I hereby acknowledge that I will n	not be paid for these	e days/hours.
Please state the reason for your ab	osence	
Signature		Date
☐ Annroyad		
Approved		
Disapproved		
Supervisor's Signature:		
Date:		