

**SUBS**  
NCLB Title I 231-100-100  
NCLB Title II 270-100-100  
MATRIX 461-  
CHAR. ED. 441-  
REAP 265-

**OXFORD CENTRAL SCHOOL**  
17 Kent Street  
Oxford, NJ 07863

**W/S \$**  
NCLB Title I 231-  
NCLB Title II 270-  
NCLB Title IV 280-  
IDEA 250-  
MATRIX 461-  
CHAR. ED. 441-  
REAP 265-  
REAP 265

**STAFF REQUEST FORM - PERSONAL, PROFESSIONAL, AND ILLNESS LEAVE**

Staff Member: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

\_\_\_\_ Personal Business: purpose/verification that this cannot be conducted outside of school hours:

-----  
-----  
-----

\_\_\_\_ Professional Experience: \_\_\_\_\_

-----  
-----

\_\_\_\_ How does this support your PIP? \_\_\_\_\_

-----  
-----  
-----

Location: \_\_\_\_\_ Cost: \_\_\_\_\_

-----

Time: \_\_\_\_\_ Full Day \_\_\_\_\_ ½ Day \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Sub Needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Entire time? \_\_\_\_\_ Yes \_\_\_\_\_ No (If not, cite times needed \_\_\_\_\_)

-----

APPROVED: \_\_\_\_\_ With Pay \_\_\_\_\_ Without Pay

\_\_\_\_\_ Denied

Vice-Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Chief School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

