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***RELIGIOUS HOLIDAY ABSENCE REQUEST***

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE(S) OF RELIGIOUS HOLIDAY \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_

***For Office Use Only:***

PRINCIPAL'S/SUPERVISOR'S SIGNATURE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

***Please forward the completed form to payroll @ salemk12.org***