

**EXHIBIT D**  
**ABSENCE NOTIFICATION FORM**

***Holy Cross High School***  
**Absence Notification Form**

Name of Teacher/Staff Member \_\_\_\_\_

Date of Notification \_\_\_\_\_

Day(s) and Date(s) of Absence \_\_\_\_\_

Taken as: [please enter the number of days or indicate hours in the appropriate box]

Sick       Personal       Professional       Bereavement  
[attach Professional Day form]      Relationship to deceased  
\_\_\_\_\_

Jury Duty       Other [explain]  
\_\_\_\_\_  
\_\_\_\_\_

No class/duty coverage is necessary \_\_\_\_\_

The following coverage will be needed [please list room/course]:

Homeroom _____	Period 3 _____	Period 6 _____
Period 1 _____	Period 4 _____	Period 7 _____
Period 2 _____	Period 5 _____	Period 8 _____

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**Place completed form in Principal's mailbox; copies will be distributed upon approval.**  
**Thank you.**

Date Approved \_\_\_\_\_      Principal/Administrator Signature \_\_\_\_\_