

# Mt. Healthy City Schools

## Personnel Absentee Report

*After this form is completed by the employee, it should be signed by the supervisor and a copy should be retained by the employee. Then the form should be sent to the attendance person for that building for processing. Lastly, a copy should be sent with the attendance to the Treasurer's Office.*

### Substitute

Name of Substitute \_\_\_\_\_ Building \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Total Days in Pay Period \_\_\_\_\_  
Signature of Substitute \_\_\_\_\_

### Absentee Report

Name of Absentee \_\_\_\_\_  
Dates of Absence \_\_\_\_\_ Total Days Absent \_\_\_\_\_  
Reasons for Absence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Absence to be Charged as:

<b>Sick</b>	<b>Personal Leave</b>	<b>Professional Leave</b>	<b>Dock (Unpaid Leave)</b>
_____ Illness	_____ Regular	_____	_____
_____ Family Illness	_____ Emergency	_____	<b>Other (explain)</b>
_____ Funeral Family			_____
_____ Funeral Friend			_____

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**\*\*This application must be filed with the responsible administrative officer and approved prior to the payment of salary for the days for which leave is requested. Falsification of this statement may be grounds for disciplinary action. \*\***

### For office use only

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Comments \_\_\_\_\_