PUXICO R-VIII SCHOOL DISTRICT

REPORT OF EMPLOYEE ABSENCE

1.	Name of Employee:				
2.	Date Absent:	Month	Day(s) absent	Year	
3.	Number of day	s absent:			
4.	Reason for abs	ence:			
5.	Professional Leave Personal Leave Vacation Day(s) (Please Indicate Which Type of Leave to Use)				
6.	Substitute's Na	Substitute's Name:			
		Employee Signature			
		t the Superintende we days you have	ent's Office at any time to .)	o verify the number	
				Certified by Supervisor	
				Superintendent's Signature	

PLEASE NOTE:

<u>EMPLOYEES</u>: Please fill out the absence form as soon as you know you will be absent. If your absence was not planned in advance this form is due on the day you return to work.

<u>SUPERVISORS:</u> Please turn the absence forms in to the Central Administration Office <u>no earlier</u> than the day of the absence <u>or later</u> than the day following the employee's absence.