

ALDEN-HEBRON S.D. #19
Employee Absentee Reporting Form

Name of Employee _____

Today's Date _____

This is to certify that I was absent from work on _____

For the following reason:

- | | |
|------------------------------------|---|
| _____ Personal Illness | _____ Serious Illness in Immediate Family |
| _____ Doctor Appointment | _____ Bereavement |
| _____ Approved Personal Day | _____ Approved Vacation Day |
| _____ Approved Floating Holiday | _____ Approved Professional Day |
| _____ Maternity/Paternity Leave | _____ Jury Duty |
| _____ Other (Please explain) _____ | |

EMPLOYEE SIGNATURE _____

A Doctor's certificate may be required as deemed necessary and as specified in School Policy and Illinois Statues

EMPLOYEE—GIVE TO SUPERVISOR

Office Use Only

Approved _____ Disapproved _____

Reason for Disapproval _____

Supervisor Signature _____

SUPERVISOR—GIVE TO SUPERINTENDENT

Superintendent Signature _____

SUPERINTENDENT—GIVE TO PAYROLL CLERK

System Entry _____ Copy to Employee _____ Deduction if Necessary _____

Total Days to Deduct _____ Amount per Day _____

Chart of Account # _____