

ALDEN-HEBRON S.D. #19

Absence Request/Report Form

*****BE ADVISED, IF YOU REQUEST A DAY AND DO NOT TURN IN AN ABSENTEE REPORTING FORM, YOU WILL HAVE THE DAY REPORTED AS ABSENT UNLESS OTHERWISE NOTED TO PAYROLL*****

REQUEST/REPORT: Floating Holiday Personal Day Vacation Day

Sick Day (Personal Illness, Doctor Appt., Bereavement, Serious Illness Immediate Family, Maternity/Paternity Leave)

Jury Duty

Approved Professional Day

Today's Date _____

Employee's Name _____

Date(s) Requested _____

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

EMPLOYEE—GIVE TO PAYROLL CLERK

Office Use Only

Available: Sick Days _____ Personal Days _____ Vacation Days _____

As of: _____

PAYROLL CLERK—GIVE TO EMPLOYEE'S SUPERVISOR

Approved _____ Disapproved _____ No Substitute Needed _____

Substitute Needed _____ Substitute's Name _____

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 # _____