

**DUNDEE COMMUNITY SCHOOLS
ATTENDANCE REPORT**

EMPLOYEE NAME: _____

DEPARTMENT/BUILDING: _____

DATE(S) OF ABSENCE: _____

	FULL DAY	AM ONLY	PM ONLY
<i>Check one >>></i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REASON FOR ABSENCE:

SICK/FAMILY ILLNESS	PERSONAL BUSINESS	VACATION DAY	BEREAVEMENT LEAVE	JURY DUTY	DOCK PAY	SCHOOL BUSINESS	IF SCHOOL BUSINESS, PLEASE PROVIDE DESCRIPTION OF EVENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

**Check one.*

SUBSTITUTE USED (IF ANY): _____

ACCOUNT CODE CHARGED: _____

**Office Use Only* *Sample: 1128300051100000 3110*

IS THIS ABSENCE BILLABLE TO ANOTHER ORGANIZATION/GROUP/DEPARTMENT?	YES*	NO	*NAME OF BILLABLE GROUP/PERSON
	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

I certify that the above information is true and correct.

Employee Signature: _____

Supervisor Signature: _____



Please have Supervisor approve and forward to the Business Office WITHIN 24 HOURS OF COMPLETING THIS FORM. THANK YOU!