

ABSENCE REPORT

Name: _____ Date: _____

Beginning Date of Absence: _____

Ending Date of Absence: _____

Total Days Absent: _____

Reason for Absence: _____

Employee's Signature _____

Supervisor's Signature _____

<p>Choose One</p> <p><input type="checkbox"/> Certified</p> <p><input type="checkbox"/> Classified</p>	<p>Campus</p> <p><input type="checkbox"/> Preschool <input type="checkbox"/> High School</p> <p><input type="checkbox"/> Elementary School <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Middle School</p>
<p>Choose One</p> <p><input type="checkbox"/> Sick Leave – Relationship (if other than self) _____ (After three consecutive days of absence, a doctor's note will be required.)</p> <p><input type="checkbox"/> Personal Leave (Requires five days advance notice.)</p> <p><input type="checkbox"/> School Business – Where _____</p> <p><input type="checkbox"/> Bereavement – Relationship _____</p> <p><input type="checkbox"/> Jury Duty</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> Other _____</p>	
<p>Substitute's Name _____</p> <p>Time Worked _____ <input type="checkbox"/> Half Day <input type="checkbox"/> Whole Day</p>	
<p>Central Office Use Only</p> <p>Professional Development</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Central Office Use Only</p> <p>Employee Number _____</p> <p>_____ Superintendent's Signature Date</p>