

Report of Absence

ALLENDALE COUNTY SCHOOL DISTRICT

ABSENT EMPLOYEE/SUBSTITUTE REPORT

ABSENT EMPLOYEE	SUBSTITUTE
NAME:	NAME:
SOC.SEC.NUMBER:	SOC.SEC.NUMBER:
JOB TITLE/DEPARTMENT:	

NOTE: This form can ONLY be processed with correct Social Security Number

Date of Absence	Leave Days (.5 or 1.0)	Sub Payment Days or Hours	Code	Sub Signature Required

Personal Leave, Jury Duty, Professional Leave, and Vacation Leave require documentation attached.
Three (3) consecutive sick absences require documentation.

- Request for Leave Form
- Vacation Leave Form signed
- Agendas from meetings
- Doctor's Excuse - more than 3 days (sick)

Signature of Absent Employee

Code 1 – Sick Leave Code 2 – Personal Leave Code 3 – Family Sickness (Specify) Code 4 – Death in Family (Specify) Code 5 – Workman's Comp. Code 6 – Jury Duty Code 7 – Professional Leave (Specify) Code 8 – Vacation Leave Code 9 – AWOL/Leave not requested or approved Code 10 – Approved Leave WITHOUT PAY Code 11 – Approved Leave WITH PAY	PLEASE CHECK ONE: Teacher Teacher's Assistant Secretary Custodian Cafeteria Principal Bus Driver District Office Other
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DISTRICT USE ONLY

Approved: Yes or No

Authorized Signature

Date