

# ABSENCE REPORT FORM

## BENTON SCHOOL DISTRICT

Name \_\_\_\_\_ Building \_\_\_\_\_ Position \_\_\_\_\_

Date(s) of absence \_\_\_\_\_ Days(Licensed) \_\_\_\_\_ Hours/Days(Classified) \_\_\_\_\_

**Reason for Absence: (One week in advance if applicable)**

*Refer to applicable personnel policies: Licensed Section 3 and Classified Section 8.*

\_\_\_\_\_ **Sick Leave** (Employee Illness, Illness in Immediate Family\*, Death in Family, and/or Maternity)  
This leave is FMLA leave.

\_\_\_\_\_ **Personal Leave**

\_\_\_\_\_ **Jury Duty - Please attach copy of Jury Service notification letter**

\_\_\_\_\_ **Professional Development\*\***

\_\_\_\_\_ **School Business** \_\_\_\_\_

\_\_\_\_\_ **Other** \_\_\_\_\_

**Explanation of Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Arkansas Code 6-17-1202, defines "immediate family" as spouse, children, parents, and any other relatives living in the same household.*

*\*\*Professional Development category is appropriate when an absence is required to satisfy state mandated professional development hours or to satisfy an individual teacher's professional growth plan (PGP). Professional Development may be used with classified personnel if training is required for job certification or job-related training.*

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Disapproved**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date