

ABSENCE REPORT

Name: _____ Date: _____

Social Security Number: _____

Beginning Date of Absence: _____

Ending Date of Absence: _____

Total Days Absent: _____

Reason:

Employee's Signature

Supervisor's Signature

- Employee: Certified Non-Certified
- Elementary Middle School High School
- Sick Leave** Relationship (if Other Than Self) _____
- Personal Leave*

- Charge To: School Business -- Where _____
- Bereavement – Relationship _____
- Jury Duty
- Vacation
- Other _____

*Personal leave requires five (5) days advance notice.

** After three (3) consecutive days of absence a doctor's note will be required.

.....
Substitute's Name _____

Social Security Number: _____

Time Worked _____ Half-Day(S) Whole Day (s)

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Central Office Use Only

Superintendent or Designee's Signature

Date _____

Professional Development: Yes No (Circle One)