

Melbourne School District

Employee Absentee Form

All Employees will complete this form upon the first day of their return from any leave or absence from their job duties. **All sections must be completed.**

Name: _____ Date(s) of Absence: _____

Reason(s) For Leave of Absence

I. Sick Day(s) _____ 1/2 Day _____ Full Day

Was the sick day(s) for the employee or for a member of the family? _____ Employee _____ Family Member

Did the sick day require a visit to the doctor? _____ Was it a previously scheduled appointment? _____

II. Funeral Day(s) _____ 1/2 Day _____ Full Day-Must be in accordance with the District funeral leave policy.

III. Personal Leave Day(s) _____ 1/2 Day _____ Full Day

IV. Professional Leave Day(s) _____ 1/2 Day _____ Full Day - School Business _____ or
Professional Development _____

(The following sections are to be completed in the office)

V. Employee Signature: _____

VI. Principal/Superintendent Signature: _____

VII. Substitute Signature _____