

ABSENCE REPORT FORM

Employee Name _____ Building _____

Please fill in this form whenever you are not in your building during regular hours, for any of the following reasons.

	FROM	TO	TOTAL
Sick Leave	_____	_____	_____
Sick Leave (Continued)	_____	_____	_____
Personal Leave	_____	_____	_____
Approved Professional Leave	_____	_____	_____
<i>Complete both lines</i>			
Bereavement Leave	_____	_____	_____
Immediate Family Relationship	_____		
Industrial Accident	_____	_____	_____
Jury Duty	_____	_____	_____
<i>Complete both lines</i>			
Leave Without Pay	_____	_____	_____
Reason	_____		
Vacation (12 month only)	_____	_____	_____
<i>Complete both lines</i>			
Other	_____	_____	_____
Reason	_____		

Employee's Signature _____ Date _____

Supervisor/Principal's Signature _____ Date _____

Please submit to Business Office according to Reports Due Dates.

Schools Only-Attach Substitute Report

12/08