

Absence Report Form

Absence report form must be completed by employee, countersigned by the Building Principal or Supervisor after one of the following reasons of absence from work and sent to the District Office. If requested, the employee shall attach a fully documented sworn application for sick leave.

Name: _____ School: _____

Type of Leave: _____ Personal Business
 _____ Personal Illness
 _____ Illness in Immediate Family
 _____ Death in Family
 _____ Professional Business
 _____ Staff Development
 _____ Vacation

Date(s) of Leave or Absence: _____

Fully Day(s): _____ Half Day(s): _____

Substitute Necessary: _____ Yes _____ No / _____ Full Day _____ Half Day

Substitute's Name: _____

Employee's Signature: _____

Recommendation (To be completed by Principal or Supervisor)

_____ Approved w/Compensation & Reason: _____ Personal _____ Vacation _____ Illness

_____ Approved w/Compensation for Professional Reasons/District Business

_____ Approved w/out Compensation

_____ **Not Approved**

Reason for Denial or Comments: _____

Signature: _____ Date: _____