

## 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  
                              \_\_\_\_\_ Other / Please specify: \_\_\_\_\_

Date(s) of Leave or Absence: \_\_\_\_\_

Full Day(s): \_\_\_\_\_ Half Day(s): \_\_\_\_\_

Substitute Necessary:    \_\_\_\_\_ Yes    \_\_\_\_\_ No    /    \_\_\_\_\_ Full Day    \_\_\_\_\_ Half Day

Substitute's Name: \_\_\_\_\_

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Employee's Signature: \_\_\_\_\_

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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: \_\_\_\_\_