

EMPLOYEE ABSENCE REPORT

TO BE COMPLETED BY ALL EMPLOYEES WHEN MAKING A REQUEST FOR ABSENCE AND/OR RETURNING TO WORK AFTER AN ABSENCE. Except in emergencies all requests must be submitted 1 week prior to the absence.

NAME _____ DATE _____

DATE(S) OF ABSENCE: _____, _____, _____, _____, _____, _____
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 _____, _____, _____, _____, _____, _____
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 (circle for 1/2 day absence as appropriate)

REASON FOR ABSENCE – PLACE AN X IN THE APPROPRIATE SPACE

SICK LEAVE : _____ (INCLUDES EMPLOYEE/FAMILY ILLNESS)

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PERSONAL LEAVE: _____ (PERSONAL BUSINESS)

PERSONAL LEAVE: _____ (CHILD PARTICIPATION REGIONAL, STATE, OR NATIONAL ACTIVITY)

JURY DUTY, ANNUAL, OR OTHER _____ (PLEASE ATTACH EXPLANATION OR JURY SUMMONS)

PROFESSIONAL LEAVE _____ (PLEASE ATTACH AGENDA OR TRAINING SCHEDULE-REQUIRES PRIOR SUPERVISOR AND SUPERINTENDENT APPROVAL)

 EMPLOYEE SIGNATURE

 DATE

 SUPERVISOR APPROVAL SIGNATURE

 DATE

 SUPERINTENDENT APPROVAL SIGNATURE

 DATE

(THIS PORTION FOR OFFICE USE ONLY)

ABSENCE WITH PAY _____

SALARY DEDUCTION _____

SUBSTITUTE REPORT

 PRINT NAME

 SIGNATURE

DATES SUBSTITUTE WORKED _____

TOTAL DAYS _____ RATE OF PAY _____ TOTAL _____

RATES:

- High School Diploma/GED/College credits not equal to a degree \$75
- Bachelor's or higher college degree \$85
- Teacher License \$95
- Cafeteria/Maintenance (daily rate of \$75/half-day \$37.50)