



EMPLOYEE ABSENCE FORM

PLEASE PRINT LEGIBLY – INCOMPLETE FORMS WILL BE RETURNED

Name: _____ Location: _____

Dates Absent: _____
(Dates within the pay period must be on the same form)

Signature: _____ Job Title: _____

Type of Absence:

- Personal (certified)
 Personal (non-certified)
 Leave Without Pay
 Sick
 Maternity (certified)
 Bereavement (cert and non-cert)
 Vacation (12 months)

Professional
 Professional Leave Type:
 ___ Workshop/Seminar ___ Work Related Training

 ___ Approved Field Trip, Competition, Athletic Event

 ___ Serve on Approved Board or Commission
 ___ Other (jury duty, subpoena, etc)

Brief Description: _____

Signature of Program Director: _____ Date: _____

Signature of Principal/Supervisor: _____ **Date:** _____

SUBSTITUTE INFORMATION (If applicable)

Full Name of Sub: _____ Date: _____

___ Non-certified sub ___ Certified sub ___ Retired sub ___ Nurse sub

Specify which fund to pay sub	General	Federal
Regular 71100-		
Special Ed 71200-		
Federal Programs		
CTE 71300-		
Individual School Funds		
Other (specify)		