

REPORT OF ABSENCE

NOTE: This form is to be turned in to your Supervisor/Administrator for each absence and will constitute authority for paying sick leave benefits. This form may be filled out in advance, but must be filled out by the day you return to work.

Name: _____ Date: _____

School (Check One): DHS DIS DMS DPS CSC CO Maint

<u>Absences were due to:</u>	<u>Date(s) Absent</u>	<u>Total Days Absent (½ day increments)</u>
<input type="checkbox"/> Sick Leave	_____	_____
<input type="checkbox"/> Personal Leave	_____	_____
<input type="checkbox"/> Vacation	_____	_____
<input type="checkbox"/> Leave Without Pay (\$25.00 fee)	_____	_____
<input type="checkbox"/> Professional Leave	_____	_____
<input type="checkbox"/> Bereavement Leave (include relationship and date of funeral)	_____	_____

Explanation: _____

Reminders:

- *The time accrued for sick leave shall be (1) day for each month of employment during the school year and shall accumulate for an unlimited number of days.*
- *Certified employees shall earn personal leave at the rate of two (2) days per year.*
- *Classified employees shall earn one (1) personal day per year.*
- *Any personal leave remaining unused at the end of the year shall be credited to sick leave.*

Employee Signature

Building Supervisor Signature

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To Be Completed by Supervisor:

Sub Name: _____

Hours Worked: _____

Manager/Supervisor: _____