ABSENTEE REPORT

(SUBMIT FORM TO IMMEDIATE SUPERVISOR)

NAME: _____ DATE SUBMITTED: _____

DEPARTMENT: _____

DATES ABSENT FROM WORK: _____ TO: _____

TOTAL DAYS ABSENT: _____

ABSENCE TO BE DEDUCTED FROM:
(*SPECIFIED ORDER, AS PER DEC LOCAL BOARD POLICY)*

_____COMP TIME (_____/_____HOURS/MINUTES TO BE DEDUCTED, *IF APPLICABLE*)

_____MEDICAL (LOCAL)

_____PERSONAL (STATE BEFORE '95, *IF APPLICABLE*)

_____PERSONAL (STATE)

_____VACATION (226 EMPLOYEES ONLY, TO BE USED AT ANY TIME SUBJECT TO SUPERVISOR'S APPROVAL)

NON DEDUCTED ABSENCES:

_____SCHOOL BUSINESS

REASON:_____

_____JURY DUTY *(PLEASE INCLUDE COPY OF SUMMONS)*

_____BEREAVEMENT (REFER TO DEC LOCAL)

RELATION: _____

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

COMMENTS:

_____

_____

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