



**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)		