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:_____½,_____½,_____½,_____½,_____½,_____½,_____½,

_____½,_____½,_____½,_____½,_____½,_____½,_____½,_____½

REASON FOR ABSENCE – PLACE AN Z IN THE APPROPRIATE SPACE

SICK LEAVE :_____(INCLUDES EMPLOYEE/FAMILY ILLNESS OR DEATH)

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 SUPERINTENDENTAPPROVAL)

_____ _____
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:

- **HS DIPLOMA- $64.00**
- **60 COLEGE HOURS- $74.00**
- **COLLEGE DEGREE & ISS SUBS- $82.00**
- **CAFETERIA/CUSTODIAN SUBS- $8.00/HOUR**