

EMPLOYEE ABSENCE REPORT

Certificated Staff Only	
<input type="checkbox"/>	1/2 Day
<input type="checkbox"/>	Full Day

Employee Name _____		Building _____
Employee Signature _____	Date _____	Position _____

The reason for my absence on _____ was:
 (Date of Absence)

Self Family _____

Medical Appointment

General Illness

Industrial Accident _____
 (Nature of Accident)

ABSENCES REQUIRING SPECIAL PROCESSING

	YES	NO
<input type="checkbox"/> Emergency Leave - Application Completed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bereavement Leave - Application Completed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal Leave - Prior Notice to District	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jury Duty - Prior Notice to District	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prior Approval - District Business (Explain Below)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leave Without Pay	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vacation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Association Leave	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Leave (Explain Below)	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Approval _____	Date _____
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