

School District of _____ Absence Report

Name: _____ Social Security #: _____ School: _____

This Form Must Be Filled Out By Employee Immediately Upon Resuming Work

Please *circle* the month and day you were absent from school/work:

<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>
1	2 3	4 5	6 7	8 9	10 11	12 13	14 15	16 17	18 19	20 21	22 23

<p><u>Sick Leave (Health Related)</u></p> <p>___ Illness (Self)</p> <p>___ Doctor's Appt. (Self)</p> <p>___ Disab. Portion Child Care Leave</p> <p>___ Hospitalization</p> <p>___ Ill Family Member</p>	<p><u>Personal Business</u></p> <p>___ Family Matters *</p> <p>___ Legal Business</p> <p>___ Religious Holiday *</p> <p>___ Other *</p>	<p><u>Other</u></p> <p>___ School Related (i.e. Conference visitation, Athletic Event) *</p> <p>___ Vacation</p> <p>___ Jury Duty *</p>
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* EXPLANATION:

Indicate Amount of Time Absent (Indicate Full Day or Total Number of Hours)

<p><u>Serious Family Illness</u></p> <p>___ (CESP/Bartlett Teachers Only)</p>	<p><u>Bereavement</u></p> <p>___ Bereavement (Immediate Family)</p>
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Date _____ Employee Signature _____

- **Note:** Refer To Negotiated Contracts/Policies In Regard To Leave Days Before/After Holidays and School Vacation Weeks.

Signature of
Principal/Supervisor: _____ Date: _____ Approved: _____ Disapproved: _____

Comments: _____

FOR FINANCE OFFICE USE ONLY

_____ Absence Applied to Serious Family Illness/Bereavement	Totals _____
_____ Absence Applied To Personal Business	_____
_____ Absence Applied To Vacation	_____
_____ Absence Applied To Sick Leave	_____
_____ Absence Applied To Other (_____)	_____

Absence Type _____
Updated Computer _____