

# 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:

July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31					

<p><b><u>Sick Leave (Health Related)</u></b></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><b><u>Personal Business</u></b></p> <p>___ Family Matters *</p> <p>___ Legal Business</p> <p>___ Religious Holiday *</p> <p>___ Other *</p>	<p><b><u>Other</u></b></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><b><u>Serious Family Illness</u></b></p> <p>___ (CESP/Bartlett Teachers Only)</p>	<p><b><u>Bereavement</u></b></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.**

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Signature of  
Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_ Disapproved: \_\_\_

Comments: \_\_\_\_\_

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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 \_\_\_\_\_