

SCHOOL EMPLOYEE REPORT OF ABSENCE

School/Office _____

Name: _____
Last First Middle

Social Security Number _____

Teacher Clerical Cafeteria Teacher Aide _____

Name of substitute used, if any _____

I hereby apply for leave of absence I have been absent on the following dates:

Beginning (first day of absence) _____ Ending (last day of absence) _____ Total Work Days _____

Reason for absence _____

Approved Disapproved

EMPLOYEE SIGNATURE _____

DATE _____

PRINCIPAL/SCHOOL AUTHORITY SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY:

SICK LEAVE

FUNERAL LEAVE

PERSONAL LEAVE

DEDUCT

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