

CLINTON SCHOOL DISTRICT  
ABSENTEE REPORT FORM

EMPLOYEE NAME: \_\_\_\_\_

SCHOOL/DEPARTMENT: \_\_\_\_\_

TOTAL NUMBER DAYS ABSENT: \_\_\_\_\_

DATE(S) ABSENT: \_\_\_\_\_

IF HALF DAY, INDICATE: AM \_\_\_\_\_ PM \_\_\_\_\_

REASON FOR ABSENCE: PLEASE CHECK ONE

SICK LEAVE (110)

COVID LEAVE (300) WITH DOCUMENTATION ATTACHED

PERSONAL LEAVE (115)

VACATION (CLASSIFIED 121, CERTIFIED 120)

PROFESSIONAL DEVELOPMENT: WORKSHOP/TRAINING (145)

PLEASE DESCRIBE: \_\_\_\_\_

SCHOOL BUSINESS (148)

PLEASE DESCRIBE: \_\_\_\_\_

JURY DUTY (130)

EMPLOYEES' SIGNATURE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

SUPERINTENDENT SIGNATURE \_\_\_\_\_

SUBSTITUTE SIGNATURE \_\_\_\_\_

ENTRY OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_