ABSENT FROM SCHOOL REPORT
CERTIFIED/SUPPORT PERSONNEL

_____ was absent on _____

for the following reason:

Chargeable Against Sick Leave:

Personal Illness or Accidental Injury _____
Pregnancy _____
Illness or Accidental Injury in Family _____
Death In Immediate Family _____

School Business:

Administrator Meeting _____
Conference Meeting _____
Subject Area Meeting _____
Coaches Clinic or Area Meeting _____

Non-Chargeable's Non-Accumulative:

*****Emergency _____
Personal _____
(deduct cost of sub)

Total Days Absent _____

Community Service:

Military _____
Court or Jury Duty _____
Other _____

Total Days Absent _____

_____
Teachers Signature

_____
Name of Substitute

_____
Principals Signature

_____
Date

_____
Superintendents Signature
(emergency only)

If Leave Has Expired, Sign One of These
This form should be completed the day the applicant who has been absent returns to school. Please send to the Board of Education Office.

I was absent because of personal illness, injury or pregnancy on _____ beyond my accrued sick leave time and understand that the cost of a substitute will be deducted from my salary.

_____
Date

_____
Signature

I was absent on _____ for reasons that are not covered under the current leave policy and understand that 1/180 (9 months), 1/200 (10 months) or 1/220 (11 months) of my salary will be deducted.

_____
Date

_____
Signature

For Central Office Use Only

Substitute Rate of Pay:

(1) Regular _____
(2) Certified _____
(3) Other _____

Processed with the _____ **Payroll**

_____
Finance Officer