

ABSENCE REPORT FORM

DEQUEEN-MENA EDUCATION SERVICE COOPERATIVE

Name _____ Building _____ Position _____

Date(s) of Absence _____ Days(Certified) _____ Hours/Days(Classified) _____

Reason for Absence: (One week in advance if applicable)

_____ **Sick Leave** (Employee illness, illness in immediate family*, death in family, and/or Maternity)

_____ **Personal Leave**

_____ **Jury Duty** - Please attach copy of Jury Service notification letter

_____ **Vacation - Days requested** _____

_____ **Professional Development/Need to attach AGENDA for proof** _____

_____ Professional Development received at Coop

Explanation of Request: _____

**Arkansas Code 6-17-1202, defines "immediate family" as spouse, children, parents, and any other relatives living in the same household.*

_____ **Approved**

_____ **Disapproved**

Supervisor

Employee Signature

Date

Date