

ABSENCE REPORT

Name \_\_\_\_\_ Date of Absence \_\_\_\_\_

Reason for absence \_\_\_\_\_

\_\_\_\_\_ Full Day \_\_\_\_\_ 3/4 Day \_\_\_\_\_ 1/2 Day \_\_\_\_\_ 1/4 Day

Lesson Plans will be located \_\_\_\_\_

Duty, etc. \_\_\_\_\_

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BUILDING LEVEL OFFICE USE ONLY

( ) Certified ( ) Classified

Substitute \_\_\_\_\_

( ) Full Day

( ) Illness

( ) 3/4 Day

( ) Personal Business

( ) 1/2 Day

( ) Bereavement

( ) 1/4 Day

( ) Jury Duty

( ) Vacation

1223-2213-00X-000-00

( ) Professional Development  
Description \_\_\_\_\_

6570-1330-006-000-00

( ) School Business  
Description \_\_\_\_\_

2246-2214-00X-000-00

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

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CENTRAL OFFICE USE

Substitute Pay \$ \_\_\_\_\_

Payroll Date \_\_\_\_\_

Absence File Posted \_\_\_\_\_

Special Budget Unit Charged \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_