

ABSENCE FROM DUTY REPORT

EMPLOYEE: _____

CAUSE OF ABSENCE:

DATE(S) OF ABSENCE: _____ **# OF DAYS ABSENT** _____

SIGNATURE OF EMPLOYEE

DO NOT FILL IN BOTTOM PORTION

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<u>STATE LEAVE</u>	<u>DAYS</u>	<u>LOCAL LEAVE</u>	<u>DAYS</u>
PERSONAL ILLNESS	_____	SICK LEAVE	_____
DEATH IN FAMILY	_____	PERSONAL LEAVE	_____
FAMILY EMERGENCY	_____	OTHER	_____
FAMILY ILLNESS	_____	_____	_____
TOTAL STATE	_____	TOTAL LOCAL	_____

NAME OF SUBSTITUTE _____ **DATE** _____

COMMENTS: _____

SIGNATURE OF PRINCIPAL/SUPERINTENDENT

DATE