



RANKIN COUNTY SCHOOL DISTRICT CERTIFIED AND NON-KRONOS ABSENCE REPORT FOR REPORTING DAYS

Badge #: _____

Name: _____ SS#: _____ - _____ - _____

School: _____ Cut Off Date: ____/____/____ Month: _____

Date of Absence(s) List each date and indicate reason

Example: 8/10	S								

S: Sick
J: Jury

P:– Personal
M:– Military

SR: School Related
V: Vacation

C: Comp Taken

Period of Time Employee was Absent from School Duties : _____
HOURS

***If sub teacher was used, please list and report it on Absence Report (Code 5) that you submit to Venessa Taylor (Accounting Dept)

Name, Social Security Number, and Number of Days for Substitute(s)

_____	-	_____	-	_____		# DAYS
<small>NAME</small>		<small>SS#</small>				
_____	-	_____	-	_____		# DAYS
<small>NAME</small>		<small>SS#</small>				

Comments: _____

_____	_____
Employee Signature	Principal/Supervisor Signature