

**FRANKFORT-SCHUYLER CENTRAL SCHOOL
DAYS OFF RECORD FORM**

TO: _____

FROM: _____

DATE	REASON	Number of Days / Hours
_____	Death in Family	_____
_____	Personal Day(s)	_____
_____	Family Illness	_____
_____	Vacation Day(s)	_____
_____	Dr. Appt/Sick Day	_____
_____	Cancer Screening Leave	_____
_____	Bereavement Leave	_____
_____	School Business / Conference	_____

Employee Signature

Date

Supervisor's Signature

Date

Superintendent's Signature

Date

CC: Personnel