



# Absence / Leave Report

Dr. Sandra Nash, Superintendent of Education

<b>Employee Name:</b>	<b>Employee Signature:</b>	<b>Date:</b>
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## Days Absent / Hours Missed

<b>Date/s Missed</b>					
<b>Hours Missed</b>					

## Reason for Absence

<b>Personal</b>	<b>Professional Development</b>
<b>Sick</b>	<b>Jury Duty</b>
<b>Vacation</b>	<b>Bereavement</b>
<b>Comp Time</b>	<b>Accident on Duty</b>
<b>FMLA/Worker's Comp</b>	<b>Excused</b>

**PLEASE INDICATE THE NAME OF SUBSTITUTE:** \_\_\_\_\_

<b>BEREAVEMENT DAY</b> <i>Note: Please attached a copy of the obituary</i>	<b><u>RELATIONSHIP TO DECEASED</u></b>
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Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date: \_\_\_\_\_