

MICHIGAN CITY AREA SCHOOLS
CLASSIFIED PERSONNEL REPORT OF ABSENCE
(All Absences)

THIS FORM MUST FOLLOW WITHIN 24 HOURS AFTER RETURN TO DUTY. (Only one copy required)

Name: _____ has been absent Date: _____

from: _____ to _____ inclusive.
(month) (day) (hour) (month) (day) (hour)

This is an absence of: _____ days.

The reason for the absence is _____

(supervisor)

(Signature of Applicant)

Use this form after returning from one of the instances below:

- ILLNESS OR QUARANTINE**
- PERSONAL BUSINESS**
- FAMILY ILLNESS**
- FAMILY FUNERAL**
- OTHER FUNERAL**
- VACATION**
- PROFESSIONAL BUSINESS**
- BIRTH OF CHILD**
- ADOPTION**
- JURY DUTY**
- OTHER**