

# Marion County School District

## EMPLOYEE ABSENCE REPORT

Employee Name \_\_\_\_\_ SSN (Last Four Digits) \*\*\*-\*\*-\_\_\_\_\_

Substitute Name \_\_\_\_\_ SSN (Last Four Digits) \*\*\*-\*\*-\_\_\_\_\_

Substitute Account Number \_\_\_\_\_

Date of Absence	Amount of Leave (day: 1.0 or 0.5)	Code (below)	Signature of Substitute (if applicable)	Substitute (1.0 or .5)	Rate of Pay <u>(D. O. USE ONLY)</u>

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- Code 1 - Short Term Illness, self
  - Code 3 - Death in immediate family
  - Code 3 - Illness in immediate family
  - Code 4 - Personal leave
  - Code 6 - Jury duty or subpoena (must provide copy of subpoena or certificate from Clerk of Court)
  - Code 8 - Military leave (specify) \_\_\_\_\_
  - Code 9 - Professional leave or school business (specify) \_\_\_\_\_
  - Code 10 - Annual leave
  - Code 11 - Administrative Leave/Professional Staff: Define in Remarks per GCC-E(2)
  - Code 11 - Administrative Leave/Support Staff: Define in Remarks per GCC-E (2)
  - LWOP - Leave without pay (specify) \_\_\_\_\_
- 

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

Employee Absence (check): Approved \_\_\_\_ Disapproved \_\_\_\_

\_\_\_\_\_  
School / Location

\_\_\_\_\_  
**Principal / Supervisor Signature**

\_\_\_\_\_  
**Date**

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Date Absence Recorded