

Please indicate the reason below for your absence. Your Pay Voucher will reflect the items listed on this report. The item you have listed must be in accordance with the Sick Leave and Substitute Teacher Regulations adopted by the North Carolina State Board of Education. Employees must utilize appropriate leave when a balance is available.

Please complete this form before your absence or immediately upon returning to work. Print your name and school location then sign your name as shown on your Pay Voucher.

<b>No. of Days</b>	<b>Dates</b>	<b>Description</b>
_____	_____	01-01. <b>Sick Leave - Personal Illness</b>
_____	_____	01-02. <b>Sick Leave - Other</b> (Check appropriate category below) _____ a. Illness in an employee's immediate family _____ b. Death in the immediate family
_____	_____	02. <b>Personal Leave - To be approved by the Principal &amp; Superintendent.</b> Request should be made 5 days in advance.
_____	_____	04. <b>Other Absences with no Deduction</b> (Check appropriate category below) _____ 01. Community responsibilities _____ 02. Approved meetings or assignments Circle One: EC CTE Title 1 Other Civil Leave (Check appropriate category below) _____ 03. Jury Duty (attach proof of service) _____ 04. Court Attendance on behalf of OCS (attach subpoena) _____ 07. Suspension with pay _____ 08. Military Leave (attach orders) _____ 09. Employees injured in the course & scope of duty (worker's compensation) _____ 10. Observance of bona fide religious holiday _____ 11. Bill the school for substitute
_____	_____	20. <b>Annual Leave - To be approved by the Principal and/or Superintendent in advance.</b> Teachers, Media Specialists, and other personnel who require a substitute cannot take annual leave on days when students are in attendance.
_____	_____	28. <b>Bonus Leave - the same restrictions for the use of Annual Leave apply.</b>
_____	_____	07. <b>Absence without pay - An employee who is absent for any cause other than those enumerated above shall not be entitled to receive salary payment for those days.</b>

Print Employee's Name	School Location
Employee's Signature	Date
Principal's / Supervisor's / Superintendent's Signature	Date

WHITE - Payroll Via Supervisor

YELLOW - Principal

PINK - Employee

OCS-14

Revised 10-14-25