Absence / Leave Report

Dr. Marvin Grayer, Superintendent of Education

Employee Name:	Employee Signature:	Date:

Days Absent / Hours Missed

Date/s Missed					
Hours Missed					

Reason for Absence

Personal	☐	**Professional Development**	☐
Sick	☐	**Jury Duty**	☐
Vacation	☐	**Bereavement**	☐
Comp Time	☐	**Accident on Duty**	☐
FMLA/Worker's Comp	☐	**Excused**	☐

PLEASE INDICATE THE NAME OF SUBSTITUTE: _____

BEREAVEMENT DAY *Note: Please attached a copy of the obituary*	**RELATIONSHIP TO DECEASED**

Supervisor's Signature _____ Date: _____

Superintendent's Signature _____ Date: _____