

TIFFIN CITY SCHOOLS  
**SUPPORT STAFF ABSENCE STATEMENT**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Number of day(s) absent: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_

<b>Sick Leave Reason: (you may check more than one)</b>		<b>Substitute's name</b> _____
<input type="checkbox"/> Self/Illness (1)		
<input type="checkbox"/> Family/Illness (2)		
<input type="checkbox"/> Family Medical Leave Act Related		
<input type="checkbox"/> Funeral (3)		
<b>Vacation:</b>		
<input type="checkbox"/> Earned vacation		
<input type="checkbox"/>	Pre-approved dock day(s)	
<input type="checkbox"/>	Jury Duty, Witness	
<input type="checkbox"/>	Conference (Prior approval required)	
<input type="checkbox"/>	Personal Leave (Prior approval by Principal and Central Office Administrator required)	
Date:	Employee's Signature:	
Date:	Principal's Signature:	
Date:	Central Office Administrator's Signature:	

Revised 8/06  
2<sup>nd</sup> Revision 2/4/09

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