



EMPLOYEE ABSENCE FORM

Employee Name (Print) _____ Date _____

Employee Signature _____

<i>This is to certify my absence as listed below:</i>		Absence Code		
DATE OF ABSENCE	REASON FOR ABSENCE (use absence code)	Full Day	Half Day	Reason for Absence
_____	_____	0	10	Leave without Pay
_____	_____	1	11	Sick/Leave Pay
_____	_____	3	13	Personal/Business Day
_____	_____	4	14	Workman's Comp
_____	_____	5	15	Teacher's Central Bank
_____	_____	6	16	Non-Charged (*Explanation)
_____	_____	7	17	Leave with Pay
_____	_____	8	18	Jury Duty
_____	_____	9	19	Vacation Day

*Explanation

Approved:

Principal/Supervisor/Administrator
Location

The original, signed form is sent to the Payroll Office. A copy needs to be provided for the supervisor and employee for their records.

*White Copy: Supervisor

*Yellow Copy: Employee