

**NON TEACHING PERSONNEL  
ABSENTEE / SICK LEAVE FORM**

EMPLOYEE \_\_\_\_\_

SCHOOL \_\_\_\_\_

SUBSTITUTE ( if applicable) \_\_\_\_\_

DATE(S) OF ABSENCE \_\_\_\_\_

DO YOU WISH TO USE SICK LEAVE?     YES     NO

REASON FOR ABSENCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE SIGNATURE**

\_\_\_\_\_

**PRINCIPAL SIGNATURE**

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