

# STAFF REPORT OF ABSENCE

(To be completed and submitted immediately upon return of employee)

Name: \_\_\_\_\_ School: \_\_\_\_\_  
(please print)

- Teacher
- Other

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

Reason for Absence \_\_\_\_\_

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\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Director's Signature                      Date

For Office Use:

- Sick Leave
- Funeral Leave
- Personal Leave
- Deduct
- Emergency Leave
- Professional Leave
- Other \_\_\_\_\_

\_\_\_\_\_  
Business Manager