

Report of Absences

*NOTE: This form is to be turned into the Superintendent's office by the Principal for **each** absence and will constitute authority for paying sick leave benefits. This form **may** be filled out in advance, but it **must** be filled out **by the day you return** to work.*

Name: _____

Date Reported: _____

School (Check One): DHS DMS DIS DPS CSC CO

Date(s) Absent: _____

Total Days Absent (in half day increments): _____

Absentees were due to (please check one):

Sick Leave (illness of self or immediate family)

Personal Leave

Vacation

Leave Without Pay

Bereavement Leave (include relationship and date of the funeral)

Explanation: _____

Reminder: The time allowed for sick leave for personnel shall be one (1) day for each month of employment during the school year and shall accumulate for an unlimited number of days. Certified employees shall earn personal leave at the rate of two (2) days per year. Classified employees shall earn one (1) personal day per year. Any personal leave remaining unused at the end of the year shall be credited to sick leave.

Leave Policies can be viewed at

<http://www.tsba.net/production/type.asp?iType=5&iBoard=7>

Employee Signature

Building Supervisor Signature