

Coffee County Schools

Report of all absences are required.

Employee Name: _____

School/Location:

Deerfield	<input type="checkbox"/>	Hillsboro	<input type="checkbox"/>	CCMS	<input type="checkbox"/>	KOSS	<input type="checkbox"/>
East Coffee	<input type="checkbox"/>	New Union	<input type="checkbox"/>	CCRA	<input type="checkbox"/>	Central Office	<input type="checkbox"/>
Hickerson	<input type="checkbox"/>	North Coffee	<input type="checkbox"/>	CCCHS	<input type="checkbox"/>	Bus Garage	<input type="checkbox"/>

Day of Week	Date	Sick Leave	Personal Leave	Vacation Day	Day Without Pay	Bereavement	Name of Substitute
Monday	_____	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____	_____

Sick Leave - Indicate

My own _____

Family _____

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____