



# Greenville Public Schools Employee's Absence Request/ Report

Name \_\_\_\_\_ Date \_\_\_\_\_ Site \_\_\_\_\_

1. Date and time absence **(Began)** Date \_\_\_\_\_ Time \_\_\_\_\_ **(Ended)** Date \_\_\_\_\_ Time \_\_\_\_\_

2. Period of time of employee's absence from school duties. \_\_\_\_\_

**CAUSE OF ABSENCE: Check one below:**

<input type="checkbox"/> Sick Day	<input type="checkbox"/> Personal Day	<input type="checkbox"/> Vacation Day	<input type="checkbox"/> School Related Professional	<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Military Leave	<input type="checkbox"/> Other Leave Specify: _____
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**\*Employees should review Leave Policies for guidelines and restrictions in all categories of leave.**

Substitute's Name \_\_\_\_\_ ID# \_\_\_\_\_ Amount of time worked \_\_\_\_\_

\_\_\_\_\_  
Supervisor's approval                      Deputy/Maint. Director approval (if applicable)      Employee's Signature. I verify cause of absence to be correct.

Absence Reports and accompanying documentation must be received by the Payroll Department in a timely manner for employees to be paid.

**\*\*\*\*USE THIS REPORT ON ALL GPSD EMPLOYEES\*\*\*\***

**DISTRIBUTION \*White/Payroll \*Green /Personnel \*Canary/Deputy \*Pink/Att. Clerk \*Goldenrod/Employee**