

STAFF ABSENTEE FORM

NAME: _____

DATE OF ABSENCE(S): _____

REASON FOR ABSENCE:

ILLNESS _____

*PERSONAL DAY _____

FAMILY ILLNESS _____

*NO PAY DAY _____ (Out of Sick/Personal/ Non-Con. Days)

DEATH IN FAMILY _____

*NON-CONTRACT DAY _____ (For those w/ 220+ day contracts)

JURY DUTY _____

I do solemnly swear that on the above mentioned date(s), I was unable to perform duties and apply for an excused absence.

SIGNED _____

APPROVED BY _____ PRINCIPAL

APPROVED BY _____ SUPERINTENDENT

*THESE ABSENCES ARE SUBJECT TO PRIOR APPROVAL.

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