

# ★ PERSONNEL ABSENCE FORM ★

## Hourly Personnel

Fill out and turn into office. Consecutive days with same reason may be listed on the same form.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF ABSENCE: \_\_\_\_\_  All Day \_\_\_\_\_ Hours

**REASON FOR ABSENCE:**

Self sick / Dr. Appointment

School Business

Sick family / Dr. Appointment  
member \_\_\_\_\_  
(Relationship to you)

Vacation

Personal Day  
(Submit for Superintendent approval after  
Principal/Supervisor has approved.)

Other \_\_\_\_\_  
(Be specific)

SIGNATURE: \_\_\_\_\_  
Employee

SIGNATURE: \_\_\_\_\_  
Principal / Supervisor / Director

SIGNATURE: \_\_\_\_\_  
Superintendent

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**To be filled in by Principal or Supervisor:**

Check the appropriate box:

- To be subtracted from sick leave
- To be considered a personal day   
(To be subtracted from sick leave)
- To be considered school business   
(Not subtracted from any leave or salary)
- Other \_\_\_\_\_
- Vacation (custodians and secretaries only)

- Sick time will not be paid without a Personnel Absence Form. Forms should be turned in with the timecard they are associated with.