

PERSONNEL ABSENCE FORM

Bus Drivers

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

NAME: _____ DATE: _____

DATE OF ABSENCE: _____ AM PM All Day

REASON FOR ABSENCE:

Self sick / Dr. Appointment

School Business

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

Vacation

Personal Day
(Pre-approved by Superintendent Yes or No)

Other _____
(Be specific)

SIGNATURE: _____
(Employee)

SIGNATURE: _____
(Principal or Supervisor)

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 _____

- Personnel Absence Forms must be completed for any missed time