

TEACHER

• PERSONNEL ABSENCE FORM •

Fill out and turn into the office. Consecutive days may be listed, if the absence reason is the same.
(Please return to _____ as soon as you have completed this form.)

NAME: _____ DATE _____

Date(s) of Absence: _____ Half Day - or - All Day

Reason for absence (please check 3 one):

Sick Self Sick Family Member _____

Nec. Personal Business (Prior approval needs to be granted by Superintendent)

Conference / Prof. Dev. (Prior approval needs to be granted by your building principal)

School Business (I.E.P. Meetings, Curriculum Council, Field Trips, etc.)

Explanation _____

Funeral _____
(Because of the language of your contract; please indicate relationship of individual.)

Deduct (Absence will be deducted from your payroll.)

Other _____

SIGNATURE: _____
(Employee)

SIGNATURE: _____
(Principal or Supervisor)

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Name of Substitute: _____

Substitute verification #: _____

Sub was not needed.

Sub was **not found** for this job.

Job was verified (DATE: _____)