

Unitime Entered _____ Yes

RECORD OF EMPLOYEE'S ABSENCE

Due in School Administration Office by 5th of Each Month

Reason for absence must be shown and approved by PRINCIPAL

Employee _____ School _____ Month _____

A. I hereby certify that I was absent on the following dates:

B. This absence was caused by: (Please check appropriate space and show date for each absence)

1. Illness (self) _____

2. Illness or death in family* (Please state relationship to employee) _____

3. Personal Leave _____
(Only under unusual circumstances may these days be used prior to or immediately following a holiday)

4. Vacation Leave _____

5. Other (explain) _____

Date _____ Signed _____ Employee

Date _____ Signed _____ Principal/Supervisor

Substitute's Name – Please Print Date Taught (show full or half day) Signature of Substitute

*Family shall include natural parent, adoptive parent, foster parent, stepmother, stepfather, wife, husband, children, brother, sister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of employee or spouse, grandchildren, aunt, uncle, also any other relative living in the household of the employee.