ABSENCE REPORT FORM

NAME _____

Absent on _____ for a total of _____
date(s) hours / working day(s).

For the purpose(s) of: _____

(Please the correct box)

Licensed Staff	Non-Licensed Staff (12-Month)	Paraprofessional/ Nutritional Services Interpreters /Clerical 10-month
☐ **School Business** ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **Illness / Serious Illness** (employee) / dependent(s) ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **School Business** ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)
☐ **Non-Discretionary Use** – Personal illness, serious illness parental leave, bereavement after 5 days. ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **Bereavement** (must be immediate family) _____(name) ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **Non-Discretionary Use** – Personal illness, serious illness, parental leave, bereavement after 5 days. ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)
☐ **Discretionary Use** – Including but not limited to former personal and special leave. (3 day notice unless special approval granted) ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **Special Leave** ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **Discretionary Use** – Including but not limited to former personal and special leave. (3 day notice unless special approval granted) ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)
☐ **Discretionary Bereavement** – The first 5 bereavement days. ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **School Business** ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **Discretionary Bereavement** – The first 5 bereavement days. ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)
☐ **Discretionary 2-for-1** – School conference days, days over the discretionary cap as approved by the unit administrator. ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **Vacation** ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **Discretionary 2-for-1** – School conference days, days over the discretionary cap as approved by the unit administrator. ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)
☐ **Full Deduct Leave** ***Please circle:*** AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **Full Deduct Leave** Please circle: AM / PM ¼, ½, ¾, or ___ full day(s)	☐ **Full Deduct Leave** Please circle: AM / PM ¼, ½, ¾, or ___ full day(s)

☐ ➤***If you want a copy for your records, please check here.***

_____
Employee Signature Date

_____
Administrator or Authorized Signature Date