

FY-19 Report of Absence

(When absence is known prior to leave date, form **MUST** be submitted in advance)

Department: Central Office School: _____ Bus Driver Bus Shop
 OWL Technology Food Service Maintenance
(Sped, Student Services)

Name: _____

Position: _____

Date(s) Absent: _____

Number of Days Absent: _____ Date Returned to Work: _____

Substitute Required? Yes No

Type of Leave: Sick Personal Jury Duty Other
Describe reason below

Prof Dev: Regular Prof Dev: Title II-A Prof Dev: BFS Pre-K
100-0-1210-2213-113-(school code) (Prior Approval REQUIRED) 560-0-1540-2213-113-(school code)
414-0-1784-2213-113-(school code)

Reason for Absence: _____
(If "Professional," be SPECIFIC: List official name of training, location of training, and training hours.)

If absence is for Professional Development, it is **REQUIRED** that you check and attach one of the following types of documentation:

Training Flyer Training Agenda Approval email stating name of training, date & time

I certify that the above information is correct to the best of my knowledge, and it is understood that falsification or omission of information or adequate documentation is grounds for corrective action.

Staff Member Signature

Date

SCHOOL OFFICE USE ONLY

Required documentation attached? Yes No (Workshop Flyer, Agenda, Email stating approval, etc.)
Approved? Yes No
Leave without Pay? Yes No

Principal/Director Signature

Date

Superintendent Signature

Date