

Opp City Schools - Employee Absence Form

Employee Name

I will be/was absent from school/work beginning for a total of day(s). Reason for absence is/was:

SICK LEAVE

- Personal illness or bodily injury which incapacitated the employee.
- Attendance upon an ill member of the immediate family (husband, wife, father, mother, son, daughter, brother, sister) of the employee or a person standing in loco parentis.
- Death in the immediate family of the employee (husband, wife, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, nephew, niece, granddaughter, grandson, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandfather, grandmother, uncle or aunt).
- Death, injury or sickness of another person who has unusually strong personal ties to the employee.

EXCUSED ABSENCE FOR SCHOOL BUSINESS

- Professional Development: List purpose and location.
- Other school business. List purpose and location.
- Please list which activity or funds will pay for substitute expense.

Unpaid personal reasons (for which I do not expect pay). Please initial _____

PERSONAL LEAVE

- Paid personal leave (two days per year).
- Purchase additional personal leave day. Maximum of 3 per scholastic year. Please initial _____

COMP TIME

Requires prior approval - Supervisor signature _____

JURY DUTY/ON THE JOB INJURY

Please give specific reason

VACATION

Vacation (for 12 month employees).

Signature of Teacher/Staff

Signature of Principal/Supervisor

I substituted for _____ for a period of _____ day(s) beginning _____.

Signature of Substitute
