

Absence Form

TODAY'S

DATE: _____

NAME: _____
(print name)

BUILDING/DEPT: **Davenport** **Kingston** **Genoa** **Middle School** **High School**
Buildings & Grounds **Cafeteria** **District** **Maintenance** **Transportation**

POSITION: _____ GRADE LEVEL: _____ SUBJECT: _____

IS OR WAS A SUBSTITUTE NEEDED? YES or NO

DATE(S) OF ABSENCE: _____ 1/2 DAY or FULL DAY
AM or PM

REASON FOR ABSENCE(S): Please indicate

SICK PERSONAL FLEX JURY DUTY
STAFFING ASSOCIATION LEAVE VACATION

PROFESSIONAL DAY _____
(ONE DAY) Name of Seminar/Workshop

CONFERENCE _____
(MORE THAN ONE DAY) Name of Conference

APPROVED LEAVE

Employee Signature

Principal/Supervisor Signature
Approved or Denied

Submit form to District Office

**REMINDER: IT IS THE EMPLOYEE'S RESPONSIBILITY TO
CONTACT THE DISTRICT SUB
815/751-9097**

**A doctor's note or other administration requested documentation may be required
to verify absences.**