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 ◯ NO ◯

DATE(S) OF ABSENCE: _____ ◯ ½ DAY ◯ FULL DAY
◯ AM ◯ 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.