

Absence Report

To Be Completed By Employee

Employee Name _____					
List Date(s) Absent					
_____	↑ all day	↑ am	↑ pm	_____	↑ all day
_____	↑ all day	↑ am	↑ pm	_____	↑ all day
_____	↑ all day	↑ am	↑ pm	_____	↑ all day
_____	↑ all day	↑ am	↑ pm	_____	↑ all day
_____	↑ all day	↑ am	↑ pm	_____	↑ all day
Total Days Employee was absent _____					

Reason for absence

_____ Illness - Self	_____ Personal Day	** Relationship to employee:
_____ Illness - Family	_____ Vacation Day	_____
_____ Medical Appointment	_____ Excused - Staff Dev. ***	_____
_____ Family Medical Appt.	_____ Excused - UIL event	*** Name of Workshop:
_____ Death in Family **	_____ Excused - Sponsor	_____
_____ Jury Duty	_____ Excused - ARDS	_____

Replacement Information

Substitute Name _____					
List Days employed _____					
Total Days Substitute employed _____					

Employee's Signature _____ Date _____

Principal's Signature _____ Date _____

To Be Completed at Central Office _____

Absence documented as:

↑ Comp Time	↑ State Nondiscretionary - Sick	↑ Dock (daily rate)
↑ Local Sick Leave	↑ State Discretionary - Personal	↑ School Pay Substitute
↑ State Sick Leave	↑ Extended Sick Leave - Substitute Pay	↑ Vacation