

# Kashia School District

## ABSENCE REPORT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_

Normal Work Hours: \_\_\_\_\_ Hours Absent: \_\_\_\_\_

Substitute: YES/NO (circle) Name of Sub: \_\_\_\_\_

### **Absence:**

\_\_\_\_\_ Illness/Injury

\_\_\_\_\_ Vacation

\_\_\_\_\_ Injury, Work Related

\_\_\_\_\_ District Business

\_\_\_\_\_ Bereavement

\_\_\_\_\_

\_\_\_\_\_ Doctor/Dentist

(Purpose of Business)

\_\_\_\_\_ Personal Necessity

\_\_\_\_\_ Unpaid Leave

\_\_\_\_\_ Jury Duty

\_\_\_\_\_ Comp Time (Needs Prior Approval)

Explanation if Necessary: \_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Dock: Hours \_\_\_\_\_ x Rate \_\_\_\_\_ = \_\_\_\_\_