

Old Mission School
Absence Report

Name: _____ Position: _____

First Date Absent: _____ Last Date Absent: _____

Classified: Total hours absent: _____

Certificated: Total days absent: _____

(to be filled out by employee prior to absence if possible; or immediately upon return. If dates fall in two different months, use one report form for each month.)

Personal Illness (Charged to sick leave, if employee is entitled to sick leave.)

Personal Day *Certificated Only

(Prior approval by Administration) Charged to sick leave: Maximum 2 days/year.

State reason for Personal Day. Employee may be docked at substitute rate.

Jury Duty (Attach copy of subpoena).

Check received from Jury needs to be turned over to Old Mission School.

Bereavement (Charged to sick leave.) for immediate family members.

Three-day maximum

Absent Without Pay

I hereby swear (or affirm) that the above is correct.

Employee's Signature: _____ Date: _____

Administrator: _____ Date: _____