

# PERSONNEL ABSENTEE REPORT PLEASANT LOCAL SCHOOL DISTRICT

## SUBSTITUTE

NAME OF SUBSTITUTE	SOCIAL SECURITY NUMBER
DATES EMPLOYED	BLDG./SUBJECT
TOTAL NUMBER OF DAYS/HOURS EMPLOYED	SIGNATURE OF SUBSTITUTE

## ABSENTEE REPORT

NAME OF REGULAR EMPLOYEE	NO. OF DAYS ABSENT	EMPLOYEE NUMBER
DATE OF ABSENCE	CERTIFICATED BUILDING	CLASSIFIED BUILDING

REASON(S) FOR ABSENCE: (EXCEPT FOR PERSONAL LEAVE)

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### EMPLOYEE WISHES TO BE CHARGED AS FOLLOWS:

#### LEAVE WITH PAY

- |  |   |
|--|---|
| <input type="checkbox"/> Personal Illness (charge to sick leave)<br><input type="checkbox"/> Illness in Immediate Family (charge to sick leave)<br><input type="checkbox"/> Death in Immediate Family (charge to sick leave) | <input type="checkbox"/> Jury Duty (please attach notice)<br><input type="checkbox"/> Vacation (charge to vacation)<br><input type="checkbox"/> Personal Leave (per negotiated Agreement) |
|--|---|

**Leave without Pay**

(vacation form attached)

**DOCTOR'S NAME, IF APPLICABLE** \_\_\_\_\_

**EMPLOYEE'S SIGNATURE** \_\_\_\_\_

**BLDG.** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PRINCIPAL/SUPERVISOR** \_\_\_\_\_

**DATE** \_\_\_\_\_

This application must be filed with the responsible administrative officer and approved prior to the payment of salary for the days of absence for which leave is requested.

**APPROVED**

**DISAPPROVED**

**SUPERINTENDENT SIGNATURE**

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