

EMPLOYEE ABSENCE

(Community Education Program Directors)

No. of days: _____

Today's Date: _____

Date(s) of absence: _____

Name: _____

Reason: _____

Position: _____

Location/School: _____

Employee's Signature

Community Ed Director's Signature

PAYROLL RECORD:

PL	Personal Leave	SL	Sick Leave (Self)
SF	Sick Family	SF	Sick outside home (where obligation warrants)
NP	Absence without pay	VA	Vacation
IN	In-Service or Conference	FI	Funeral immediate family
FO	Funeral—Other (Sick Leave)		Relationship: _____
WC	Worker's Compensation	JURY	Jury duty

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