

# EMPLOYEE ABSENCE

(Administration, Central Office, Community Education Directors and Staff Personnel)

No. of days: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

Reason: \_\_\_\_\_

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

Program/Location or Bldg.: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

**PAYROLL RECORD:**

PL Personal Leave

SL Sick Leave

NP Absence without pay

VA Vacation

IN In-Service or Conference

FI Funeral immediate family

FO Funeral—Other (Sick Leave)

Relationship: \_\_\_\_\_

JURY Jury duty

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