### REASON FOR ABSENCE

To be completed by employee

<table>
<thead>
<tr>
<th>Name</th>
<th>Date(s) of Absences(s)</th>
</tr>
</thead>
</table>

- [ ] Blood donation
- [ ] Compensatory day
- [ ] Conference
- [ ] Catastrophic leave
- [ ] Cancer screening
- [ ] Death in family __________________________ (Relationship)
- [ ] Field Trip
- [ ] Floating Holiday
- [ ] Family Illness
- [ ] Jury Duty
- [ ] Legal Proceedings
- [ ] Military Duty
- [ ] Personal
- [ ] Personal no pay
- [ ] Religious holiday
- [ ] Recess days
- [ ] Sick
- [ ] School business
- [ ] Sick no pay
- [ ] Union business
- [ ] Vacation
- [ ] Worker’s Compensation

- [ ] Partial Day Absence - please complete time in and out and reason for absence

  **Time in**  
  ______________________

  **Time out**  
  ______________________

  If times are not shown the absence may be charged as a full day.

__________________________
Employee Signature

After you have completed this form, please return to Office Secretary.
Any absences of 5 days or more must be verified by a Doctor's note.