

**REASON FOR ABSENCE**  
**To be completed by employee**

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Name</b>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date(s) of Absences(s)</b>
<input type="checkbox"/> Blood donation	
<input type="checkbox"/> Compensatory day	
<input type="checkbox"/> Conference	
<input type="checkbox"/> Catastrophic leave	
<input type="checkbox"/> Cancer screening	
<input type="checkbox"/> Death in family _____(Relationship)	
<input type="checkbox"/> Field Trip	
<input type="checkbox"/> Floating Holiday	
<input type="checkbox"/> Family Illness	
<input type="checkbox"/> Jury Duty	
<input type="checkbox"/> Legal Proceedings	
<input type="checkbox"/> Military Duty	
<input type="checkbox"/> Personal	
<input type="checkbox"/> Personal no pay	
<input type="checkbox"/> Religious holiday	
<input type="checkbox"/> Recess days	
<input type="checkbox"/> Sick	
<input type="checkbox"/> School business	
<input type="checkbox"/> Sick no pay	
<input type="checkbox"/> Union business	
<input type="checkbox"/> Vacation	
<input type="checkbox"/> Worker's Compensation	
<input type="checkbox"/> 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.