

REGION III SPECIAL EDUCATION COOPERATIVE

ABSENCE REPORT

NAME: _____ **SCHOOL:** _____

DATE(s) ABSENT: _____ **RETURN DATE:** _____

Reason for Absence:

- | | |
|--------------------------------------|---|
| <input type="radio"/> Illness | <input type="radio"/> Leave without Pay |
| <input type="radio"/> Vacation | <input type="radio"/> Accident on Job |
| <input type="radio"/> Personal Leave | <input type="radio"/> Suspension |
| <input type="radio"/> Jury Duty | <input type="radio"/> Holiday |
| <input type="radio"/> Family Death | <input type="radio"/> Other |

Explanation, if necessary: _____

Date: _____ **Employee Signature:** _____

NOTE: A Physician's certificate may be required after an absence of 3 or more consecutive days due to illness.

FOR OFFICE USE ONLY

DEDUCTION OF SALARY: _____ **SICK LEAVE:** _____

NO DEDUCTION OF SALARY: _____ **PERSONAL LEAVE:** _____

DIRECTOR'S SIGNATURE