

Submit after each absence to the
PAYROLL DEPARTMENT

USD 489 Absentee Report

Name: _____ EMP #: _____

Date(s) Absent: _____

Full Day _____ Half Day _____

Substitute's Name: _____
(If applicable)

Type of Leave: Illness _____ Personal Leave _____

Sick Leave used for the serious illness of a distant relative (aunts, uncles, cousins, etc.) or friend.

Degree of Relationship must be indicated. _____

Sick Leave used for the funeral of a distant relative (aunts, uncles, cousins, etc.) or friend.

Degree of Relationship must be indicated. _____

Vacation _____ Non-Paid Leave _____

Leave for serious illness or death of close relative (mother, father, spouse, child) or (sister, brother, in-law, grandparent, grandchild).

Serious Illness (must be a life-threatening situation such as heart attack, stroke, surgery under an anesthetic, cancer in last stages, etc).

Degree of Relationship must be indicated. _____

Funeral of close relative:

Degree of Relationship must be indicated. _____

Other Paid Leave

Business Leave *(attach approved requisition)* _____ Jury Duty _____

School District Business _____

Inservice _____

School Visitations _____

Professional Meeting _____ Student Activity _____

Other _____

Employee Signature: _____

Approved By: _____