

RECORD OF ABSENCE

The Board Of Education grants sick/personal leave to the district's certified and non-certified personnel as stated in the school board policies.

Please check applicable box.

- Sick Leave/Personal Leave
- School activity – when you are gone from your classroom for a school related activity. This will not count against your leave.
Please give a brief description of your activity, (conference, field trip, coaching duty etc.) _____

Date(s) absent _____

- Half day
- Full day

The Board Of Education grants sick/personal leave to the district's certified and non-certified personnel as stated in the school board policies.

An absence of over one through four hours shall be counted as a half-day of leave.

Today's date _____

Signature _____

Please return this form to the principal's office.

Office use

Sub needed Yes No

Sub Information

Name of Sub	Date	
		<input type="checkbox"/> Full day <input type="checkbox"/> ½ day
		<input type="checkbox"/> Full day <input type="checkbox"/> ½ day
		<input type="checkbox"/> Full day <input type="checkbox"/> ½ day
		<input type="checkbox"/> Full day <input type="checkbox"/> ½ day

