

CERTIFICATED EMPLOYEE ABSENCE REPORT

Complete this form carefully and return to building administrator.

Employee's Name: _____

Date(s) of Absence: _____

Number of days absent: _____

(Must be taken in units of not less than 1/2 day)

Be sure to check below the reason for your absence. *(Unless otherwise noted, one reason covers all days listed as absent.)*

- _____ 1. Sick Leave
 - _____ A. Personal Illness
 - _____ B. Illness of Member of Immediate Family*
 - _____ C. Death in Immediate Family*

**(Immediate family includes: father, mother, sister, brother, husband, wife, children, step-parents, step-children, wards, mother-in-law, father-in-law, grandparents, grandchildren, or person living in the same household.)*
- _____ 2. Vacation *(Twelve (12) month employee only)*
- _____ 3. Sabbatical Leave
- _____ 4. Military Leave
- _____ 5. Jury/Court Duty Pay
- _____ 6. Calamity Payment *(School Closed)*
- _____ 7. Personal Leave *(To check this category, an approved Personal Leave Request Form must be on file in the Superintendent's office.)*
 - _____ Unrestricted
 - _____ Restricted
- _____ 8. Leave without pay *(any unpaid leave)*
- _____ 9. Compensatory Time *(Twelve-month Employee Only) (Document dates for which time is being granted.)*
- _____ 10. Professional Meeting
- _____ 11. Administrative Assignment
- _____ 12. Assault Leave

I understand that when I designate number 1, Sick Leave, as the reason for absence, the day(s) absent will be charged against my current balance of accumulated sick leave.

I further understand that the filing and signing of this report shall be a certification by me that the facts and statements contained here are true and correct as provided in R.C. 3319.141 (...Falsification of a statement is grounds for suspension or termination of employment...).

This completed form shall be stamped by the principal or his/her designee with the date and time it was submitted by the teacher and a copy shall be given to the teacher.

_____ *(Signature of Employee)* _____ *(Date of Report)*

--OFFICE USE ONLY--

SUBSTITUTES

DATES

I have reviewed this form and verify that the employee was absent on the date(s) listed and that the individual(s) listed did substitute for this employee on the date(s) of absence.

_____ *(Signature of Director, Principal or Supervisor)* _____ *(Date)*