

# Certified Staff Report of Absence

Name \_\_\_\_\_

School \_\_\_\_\_

Month \_\_\_\_\_

Date	Reason (see options)	Total time gone	Type of Leave (personal, sick, professional)	Substitute Used (if any)

**Options**  
 Sick, Sick Child, Dr. Appointment, Dentist, Family Emergency, Funeral, Bereavement,  
 Maternity, Jury Duty, Athletic Event, Personal, Professional

**OFFICE USE ONLY**  
 Sick hours \_\_\_\_\_  
 Personal days \_\_\_\_\_  
 Professional days \_\_\_\_\_  
 Deduct \_\_\_\_\_

*I certify that this information is true and correct*

EMPLOYEE \_\_\_\_\_

ADMINISTRATION \_\_\_\_\_

RECORDED: \_\_\_\_\_