

WARREN COUNTY TECHNICAL SCHOOL

Employee Absence Report
Reason for Absence or Request to be Absent

Name of Employee _____

Position _____

Date(s) of Absence _____ Total Number of Days _____

Reason for Absence: (Submit a separate report for each cause of absence)

- ____ Sick Leave
- ____ Personal Business Leave
- ____ Family Illness Leave - Specify Relationship _____
- ____ Professional/Conference Leave - Specify _____
- ____ Vacation Leave
- ____ Floater
- ____ Comp. Time
- ____ Jury Duty
- ____ Bereavement Leave - Specify Relationship _____
- ____ Unusual Reason For Absence - Specify _____
- _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Principal's Signature _____ Date _____

____ Approved with Pay	____ Approved with Loss of Pay	____ Disapproved
Superintendent's Signature _____		Date _____