



WRIGHT ELEMENTARY SCHOOL DISTRICT
ABSENCE REPORT FOR ALL CLASSIFIED EMPLOYEES

Employee requesting time off must submit absence form to principal/supervisor's approval. If absent is unexpected employee must submit absence form on the day of your return. (Wright School District Board Policy # 4161 / 4261 / 4361)

EMPLOYEE'S NAME: _____ MONTH: _____

Total regular assignment paid hours: _____

Work schedule/Total work hours per day: M _____ T _____ W _____ TH _____ F _____

It is/was necessary to be absent from my position for: _____
HOURS

For the following date(s): _____

My absence on the date(s) above resulted from:

(Enter # of hours)

_____ Sick Leave (Medical Dental, Emergency)

_____ Jury Duty

_____ Personal Necessity (Classified, no tell)

_____ District Business (Describe below)

_____ Absent without Pay

_____ Other ie. (Bonus Day or Describe)

_____ Worker's Comp (injured at work)

_____ *Bereavement

_____ *Relationship to Deceased

_____ *# Miles - One Way

Description: _____

EMPLOYEE SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

SCHOOL OFFICE USE

<u>SUBSTITUTE'S NAME</u>	<u>DATE</u>	<u>FULL DAY</u>	<u>HALF A.M</u>	<u>HALF P.M</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

District Office Use: _____



**WRIGHT ELEMENTARY SCHOOL DISTRICT
ABSENCE REPORT FOR ALL CERTIFICATED EMPLOYEES**

Employee requesting time off must submit absence form to principal/supervisor's approval. If absent is unexpected employee must submit absence form on the day of your return. (Wright School District Board Policy # 4161 / 4261 / 4361)

EMPLOYEE'S NAME: _____ **MONTH:** _____

Date(s) of Absence(s) _____

It is/was necessary to be absent from my position for: _____
Full or Half Day

My absence on the date(s) above resulted from:

_____ Sick Leave (Medical Dental, Emergency)

_____ Personal Necessity

_____ Personal Leave (No tell)

_____ Worker's Comp (*injured at work*)

_____ District Business (Describe below)

_____ Jury Duty

_____ Other ie. (Bonus Day or Describe)

_____ *Bereavement _____
*Relationship to Deceased

_____ *# Miles - One Way

Description: _____

EMPLOYEE SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

SCHOOL OFFICE USE

<u>SUBSTITUTE'S NAME</u>	<u>DATE</u>	<u>FULL</u>	<u>HALF</u>	<u>HALF</u>
		<u>DAY</u>	<u>A.M</u>	<u>P.M</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

District Office Use: _____

Date Entered into Escape: _____