

# WASHINGTON COMMUNITY SCHOOLS

## Employee Absence Report

All employees of the Washington Community Schools who wish to receive pay for the time that they are absent from school must fill out this form and turn it in to the principals office before the payroll. This report is necessary for the purpose of keeping an accurate record of accumulative leaves.

Employee Name \_\_\_\_\_

Date and time absence began \_\_\_\_\_

Date and time absence ended \_\_\_\_\_

Number of days absent \_\_\_\_\_

Reason of absence  
after 10 days of leave

### TYPE OF LEAVE

Staff Leave

Emergency

Jury Leave

Pool

Professional

Vacation

Salary Deduction

Yes  No

\_\_\_\_\_  
Signature of Absentee

Name of Substitute called \_\_\_\_\_

Date	In	Morning Out	Date	In	Afternoon Out	Total Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Substitute

\_\_\_\_\_  
Signature of Superintendent