

NOTE: This form is to be used for reporting all staff absences regardless of type of leave or method that was used to request the absence.

STAFF MEMBER: _____ DATE OF ABSENCE: ___ / ___ / ___

POSITION: _____ AT: ___CCES ___CCMS ___CCHS ___284

- TYPE OF ABSENCE:
- ___ Personal Illness
 - ___ Medical or Dental Appointment
 - ___ Family Illness (family member: _____)
 - ___ Personal Leave
 - ___ Discretionary Leave (USD 284 Teachers Only)
 - ___ Professional Development Leave, Teacher (Approved on PDP Toolbox)
 - ___ Professional Development, USD Requested (Approved on PDP Toolbox)
 - ___ Funeral Leave
 - ___ Jury Leave
 - ___ Unpaid Leave (_____)
 - ___ Vacation (eligible staff members only)

LENGTH OF ABSENCE: ___ 1.0 Day
 ___ 0.5 Day (___ AM or ___ PM)

SUBSTITUTE: ___ YES ___ NO SUBSTITUTE USED: _____

STAFF SIGNATURE: _____ DATE: ___ / ___ / ___

PRINCIPAL or DISTRICT SUPERVISOR APPROVAL

COMMENTS: _____

BY: _____ DATE: ___ / ___ / ___

DISTRICT OFFICE VERIFICATION

PROCESSED BY: _____ DATE: ___ / ___ / ___