

Please fill form out entirely !

PAXTON-BUCKLEY-LODA CUSD #10

ABSENCE REPORT/PAYROLL AUTHORIZATION

EMPLOYEE NAME _____

DATE(S) OF ABSENCE: _____

Please circle the correct amount of leave taken.

___ SICK LEAVE **(1 DAY 3/4 DAY 1/2 DAY 1/4 DAY)**

___ PERSONAL LEAVE **(1 DAY 3/4 DAY 1/2 DAY 1/4 DAY)**

___ LEAVE WITHOUT PAY **(1 DAY 3/4 DAY 1/2 DAY 1/4 DAY)**

___ JURY DUTY **(1 DAY 3/4 DAY 1/2 DAY 1/4 DAY)**

___ VACATION - # **OF DAYS** _____

___ SCHOOL AUTHORIZED ABSENCE
(1 DAY 3/4 DAY 1/2 DAY 1/4 DAY)

*(Note: 1/4 day = 2 hrs. or less; 1/2 day = 2 1/4 hrs. to 4 hrs.; 3/4 day = 4 1/4 hrs to 6 hrs.;
1 day = 6 1/4 hrs to 8 or 9 hrs.)*

NAME OF SUBSTITUTE(S) _____

TIME SERVED: (1 day, 3/4 day, 1/2 day, 1/4 day) _____

Signature of Employee _____

Approved by _____ Principal/Supervisor

Is this a reimbursable expense: Yes ___ No ___

If so, by whom? _____

FOR UNIT OFFICE USE ONLY:

