

PERRY LOCAL SCHOOLS - EMPLOYEE ABSENCE FORM

SCHOOL _____ DATE _____

LAST _____ FIRST _____ ID# _____

I WAS ABSENT FROM WORK FOR THE FOLLOWING REASON:

Personal Illness
If medical attention was required, state name of physician _____

Illness is immediate household or family (per negotiated agreement) Relationship _____
If medical attention was required, state name of physician _____

Personal Day Jury Duty Vacation Unpaid Vacation

Professional Day Where? _____

Other, explain (Inservice, etc.) _____

Death in immediate household or family (per negotiated agreement) Relationship _____

Death of a friend (Personal Day form required) Name _____

LIST EACH DAY OF ABSENCE (CIRCLE DATE FOR 1/2 DAY)

Employee's Signature

Immediate Supervisor's Signature

(Account substitute is to be charged to)

SUBSTITUTE INFORMATION (CIRCLE DATE FOR 1/2 DAY)

LAST _____ FIRST _____ ID# _____

LIST EACH DAY _____

TOTAL DAYS _____

Substitute's Signature _____

Reminder: If sub has not worked in the last six months, a new STRS form must be filled out.

Work Day Receipt - Keep until you are paid for the day(s)

Substitute Name _____

Substituted for _____ School _____

Date(s): _____