

INDEPENDENT SCHOOL DISTRICT 16  
**ABSENTEE FORM**

An ABSENTEE FORM must be completed for all district employee absences and submitted immediately upon return to work.

**Employee Complete This Section:**

Employee Name: \_\_\_\_\_ Date(s) Absent: \_\_\_\_\_  
 Employee Number: \_\_\_\_\_ Building: \_\_\_\_\_  
 Check One  All Day # of Days: \_\_\_\_\_  
                    Partial Day No. of hours absent : \_\_\_\_\_  
 (Please use quarter hours, half hours or whole hours)

**Reason for Absence:**

Additional Information (Explanation, Dates, Remarks)

Check One

- ILLNESS (self\*, spouse, child, parent)
- BEREAVEMENT (state relationship)
- OTHER (Provide detailed explanation)
- WORKSHOP, SEMINAR, FIELD TRIP, ETC.
- JURY DUTY (Attach copy of notice)
- CHILD CARE LEAVE (Provide Dates)
- PAID VACATION DAY(S)
- NON-DUTY DAY(S)

Any absence beyond (5) five working days shall require that the employee furnish a Physician's statement verifying illness and permission to return to work. Employee will not be allowed to return to work until this statement is furnished.

**Principal / Supervisor Complete This Section:**

**Substitute(s)**

A substitute: was  \* was not  needed for this absence.  
 Substitute shall be paid for: (Check one) 1/2 day  3/4 day  Full Day   
 \*Attach time sheet if substitute was needed

**Paid / Unpaid Time**

Please indicate how absence will be covered:  
 Paid time to be deducted from employee's sick leave: \_\_\_\_\_ hours \_\_\_\_\_ days  
 (This absence is covered in employee's contract under Sick Leave.)  
 This absence is unpaid time.  
 This is paid time not deducted from sick leave. (Usually District Related.)

The ABSENTEE FORM can not be processed until this section has been completed by the supervisor.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_