

**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	
<input type="checkbox"/> ILLNESS (self*, spouse, child, parent)	
<input type="checkbox"/> BEREAVEMENT (State Relationship)	
<input type="checkbox"/> OTHER (Complete Short Term Leave Request)	
<input type="checkbox"/> JURY DUTY (Complete Short Term Leave Request)	
<input type="checkbox"/> CHILD CARE LEAVE (Complete Short Term Leave Request)	
<input type="checkbox"/> PAID VACATION DAY(S)	
<input type="checkbox"/> 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 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: _____