

Name of Absent Employee _____
(PLEASE PRINT)

TUNKHANNOCK AREA SCHOOL DISTRICT
ABSENCE REPORT

TO BE FILLED OUT BY EMPLOYEE

Date of Absence _____ Name of Substitute _____
(PLEASE PRINT) (PLEASE PRINT)

CATEGORY I – REASON FOR ABSENCE (CIRCLE ONE):

SICK DAY PERSONAL DAY VACATION DAY OPTIONAL DAY
JURY DUTY CONFERENCE (EXPLAIN) PROFESSIONAL (EXPLAIN) FIELD TRIP (EXPLAIN)
NO PAY (MUST BE APPROVED) DEATH IN FAMILY (EXPLAIN)

CATEGORY II -TYPE OF DAY (CIRCLE ONE)

STUDENT DAY NON STUDENT DAY EARLY DISMISSAL DELAYED OPENING
SCHOOL CLOSED (WEATHER RELATED)

(EMPLOYEE MUST CIRCLE ONE FROM EACH CATEGORY)

EXPLANATION (Required for Conference, Professional, Field Trip or Death in Family):

Date

Signature of Employee

Building

Signature of Supervisor/Principal

NOTICE: This form is to be completed and received in the ADMINISTRATION OFFICE – NO LATER THAN THREE (3) WORKING DAYS AFTER ABSENCE. In case no substitute is called in, please indicate “NO SUB.” If the employee is absent (3) or more consecutive days the employee may be required to furnish a doctor’s statement attesting to the illness.

All requests for absence must comply with the timelines set forth in the Board of Education Policy and/or the Collective Bargaining Agreement(s). The administrator may request physician’s verification of sick time as set forth in the collective bargaining agreement(s).