**MONTPELIER SCHOOL EMPLOYEE REPORT OF ABSENCE**

Name

Name of substitute used, if any

I hereby apply for leave of absence  I have been absent on the following dates

Beginning  Ending (last day of absence)  Total work days

(00/00/0000) (00/00/0000)

Reason for absence

Sick  Personal leave  Funeral Leave  Professional leave  Deduct\*

Sick-Use any available accumulated class coverage time first

Personal- Use any available accumulated class coverage time first

\*School board approval needed for planned absences that affect your total contract pay.

\_\_\_\_ approved \_\_\_\_disapproved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's date       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE SIGNATURE PRINCIPAL SIGNATURE

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\*School board approval needed for absences that affect your total contract pay.

\_\_\_\_ approved \_\_\_\_disapproved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's date       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE SIGNATURE PRINCIPAL SIGNATURE­­­­­­­