**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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**MONTPELIER SCHOOL EMPLOYEE REPORT OF ABSENCE**

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[ ]  Sick-Use any available accumulated class coverage time 1st

[ ]  Personal- Use any available accumulated class coverage time 1st

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

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

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

 EMPLOYEE SIGNATURE PRINCIPAL SIGNATURE­­­­­­­