

Certified Employees
MONTPELIER SCHOOL EMPLOYEE REPORT OF ABSENCE

Name _____

Name of substitute used, if known _____

Duties needing to be covered _____

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

Beginning _____

Ending (last day of absence) _____

Total work days _____

For partial days list time absent. _____
(Example: absent from 11:15-4pm)

Reason for absence _____

Sick Personal/Vac leave Funeral Leave Professional leave Bereavement

Deduct*

*After using all applicable leave, a teacher may be granted 3 days leave without pay at the discretion of the superintendent. Any additional days of unpaid leave beyond 3 must be approved by the school board.

_____ approved _____ disapproved

Today's date _____

EMPLOYEE SIGNATURE

PRINCIPAL SIGNATURE