

Classified Staff

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 Bereavement Unpaid

Other: Explain _____

The purpose of this form is to get authorization from your supervisor for your absence and give the opportunity to find a substitute if needed. You must enter leaves on your timecard in order to be paid!

_____ approved _____ disapproved

Today's date _____

EMPLOYEE SIGNATURE

PRINCIPAL SIGNATURE