

It is VERY important that you fill this out and return it to the building secretary as soon as you return to work.

McCRORY PUBLIC SCHOOLS ABSENCE REPORT

Name _____

Date or Dates Absent _____

Number of Days Absent _____

_____ Personal Illness

_____ Jury Duty

_____ Illness in Family *

_____ School Business Leave *

_____ Funeral Leave

_____ Professional Development *

_____ Personal Leave

_____ Vacation

_____ Other *

_____ Accident on the Job

*Explanation: _____

Employee's Signature

TO BE COMPLETED BY THE PRINCIPAL

Substitute's Name _____ No. of Days _____

Substitute by period:

1st period _____

5th period _____

2nd period _____

6th period _____

3rd period _____

7th period _____

4th period _____

8th period _____

Principal's Signature

TO BE COMPLETED BY THE SUPERINTENDENT'S OFFICE

Pay code From _____ To _____ Hrs/Days _____ (Sub) _____

Pay code From _____ To _____ Hrs/Days _____ (Sub) _____