

RIVERHEAD CENTRAL SCHOOL DISTRICT

ABSENCE FORM

(To be completed by each employee the first day the employee has returned to work after an absence)

EMPLOYEE # _____ NAME _____ BUILDING _____

was absent on _____ or from _____ through _____

Inclusive. _____

Total Days Used

So that District personnel records may be accurately maintained, an employee is to complete and sign this form the day he or she returns to work after an absence. This form is to be given to your principal/supervisor or his or her designee for their signature and forwarded to the Business Office as soon as possible.

REASON FOR ABSENCE: (Check where appropriate)

- A. _____ Personal Illness.
- B. _____ Sickness in the immediate family.
- C. _____ Death in the immediate family.
- D. _____ Jury Duty.
- E. _____ School Business (Check appropriate one)

_____ Conference or visitation. Briefly Explain: _____

_____ Legal

_____ Curriculum

_____ Other Briefly Explain: _____

Substitute Used (If Any)

Name	Date	Signature of Employee	Date
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_____	_____	Signature of Principal/Supervisor	Date
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**** For personal and vacation days, please use the four part forms****