



Employee Absentee Report

Name: _____

Type of Absence	Dates Absent	Total days/hours
Sick Time		
Personal Business		
Vacation		
Other		

Explanation: _____

Supervisor Approval: _____ Date: _____

1. Personal illness or guarantee. The employee may be required to present a statement from his or her physician certifying the illness. After an extended illness, the superintendent will also request that the employee present a statement from a physician certifying the employee's physical fitness for return to work.
2. Employees shall state in writing (above) the nature of business.
3. Annual vacation will be requested in writing at least thirty(30) days prior to commencement of leave.