

ANDERSON SCHOOL DISTRICT ONE PERSONNEL ABSENCE FORM

Name of Employee _____ School _____

SSN _____ Date(s) of Absences(s) _____

List the number of days taken on the appropriate line below. A half-day should be indicated by .5.

_____ **Annual Leave** - Must be used before Accumulated or Cumulative days can be used.

_____ **Accumulated Leave** Can only be used after all Annual leave has been used.

_____ **Cumulative Leave** - Must be used for personal illness only after annual leave is used. A doctor's statement listing *each* day absent must be attached or you will be docked for that pay. Pay cannot be reimbursed later.

_____ **Vacation**

_____ **Jury Duty** - Attach a copy of your jury duty pay. You will be docked that amount.

_____ **Military Duty**

Signature of Employee

All school business and staff development days must have complete details of the absence. If day was mandated by the District Office, list the name of person requiring/approving the day.

_____ **School Business** - Must be approved in advance by principal

Detail of Absence:

Approved by _____

_____ **Staff Development** - Must be approved in advance by principal - give details

Detail of Absence:

Approved by _____

Signature of Employee

Name of Substitute

(Must be on approved list.)

SSN _____

Number of days employed _____

Total Amount Due Substitute _____

The above form has been completed in its entirety and has my approval.

Date

Signature of Principal or Supervisor