

LOYALSOCK TOWNSHIP SCHOOL DISTRICT

**EMPLOYEE ABSENCE REPORT AND REQUEST FORM
(Form must be turned in with bi-weekly payroll)**

NAME _____

TOTAL DAYS ABSENT _____

BUILDING _____

CONFIRMATION # _____

Reason for Absence _____ Date(s) of Absence _____

1. Sick (Please check one) Employee Family FMLA 1. _____

2. Personal (Personal days requested during the first 2 weeks and last 2 weeks of school must be approved by the Superintendent) 2. _____

3. Vacation/Non-work (If eligible) 3. _____

4. Conference/Prof. Development/Curriculum (Name & Location) 4. _____

5. Bereavement Leave 5. _____

a. Relationship of Deceased to Employee _____

b. Date of Deceased's Death _____

c. Date of Deceased's Funeral _____

6. Field Trip (Name & Location) _____ 6. _____

7. Uncompensated Day (Policy # 339 Uncompensated Leave - *requires approval from Superintendent) 7. _____

8. Jury Duty (Must provide paperwork/Arrangements shall be made to refund Jury Duty pay to the District) 8. _____

9. Military (Branch) _____ 9. _____

10. Trade (Dates Earned) _____ 10. _____

11. IEP (Applies to Special Education Teachers Only) _____ 11. _____

12. Maternity/Paternity _____ 12. _____

Employee's signature indicates that the information above is, to the best of his or her knowledge, correct and accurate.

Employee Signature

Date

ACTION BY IMMEDIATE SUPERVISOR

_____ Approved _____ Denied

Comments: _____

Supervisor's Signature: _____

Date: _____