

**ATTENDANCE REPORT FOR CERTIFIED &
NON-CERTIFIED EMPLOYEES**

Date Absent: _____

Name: _____

Assignment and Location: _____

FULL DAY:

HALF DAY:

Reason for Absence:

____ Personal Illness

____ Family Illness or Death (For immediate family—can be used with no deductions until all sick leave is used.)

____ Personal Leave (2 days maximum) **Must have prior approved Personal Leave **

____ In-Service and/or Professional Leave (Approved meetings, conferences, conventions)

____ School Business

____ Jury Duty

____ Personal Business (There will be a full deduction of day's pay.)

ATTACH ATTENDANCE REPORTS TO CORRESPONDING TIMESHEETS

Employee's Signature: _____

Name of Substitute (Applies only to certified personnel):

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