



Staff Absence Report

Fill out completely and sign. After completion submit to your Supervisor/Director/Administrator

Name of Staff Member _____ Date(s) of Absence _____

CHECK ONE

Personal Leave

Sick/Doctors Appointment

Professional Leave (Internal)

Bereavement Family

Bereavement Friend

Vacation

Other

Comments:

Signature of Supervisor/Director/Administrator

Signature of Staff Member

____/____/____
Date