# Employee Absence Report

**Otsego Public Schools**

**Name:** (printed) ____________________________________________

**Dates requested:**

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
<th>All day</th>
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**Reason for Absence**

- [ ] Vacation
- [ ] Professional Business Leave
- [ ] Admin. Request (Not deduct)
- [ ] Jury Duty
- [ ] Unpaid - Deduct from Pay
- [ ] Other
- [ ] Personal Business Leave - Hours (#) AM PM All day
- [ ] Sick Leave - Hours (#) AM PM All day
- [ ] Illness - Self
- [ ] Illness - Immediate Family
- [ ] Death - Immediate Family

**Relationship to Employee** ____________________________

**Total Days Requested** ________

**Employee’s Signature** ____________________________  
**Date** ____________________________

**Administrator/Supervisor Signature** ____________________________  
**Date** ____________________________

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**Total Days Requested** ________

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**Total Days Requested** ________