

# Otsego Public Schools - Employee Absence Report

Name: (printed) \_\_\_\_\_

Dates requested: \_\_\_\_\_ Mark which applies  
AM \_\_\_ PM \_\_\_ All day \_\_\_  
\_\_\_\_\_ AM \_\_\_ PM \_\_\_ All day \_\_\_  
\_\_\_\_\_ AM \_\_\_ PM \_\_\_ All day \_\_\_

## 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

Rev. 1/24/14

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