



**South Texas Educational Technologies, Inc.
Horizon Montessori Public Schools
Absence Form**



Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Manager: _____

- Type of Absence: State Local
 Sick Vacation Bereavement Time Off Without Pay
 Military Jury Duty Maternity/ Paternity Other

Date(s) of Absence: _____ Number of days absent: _____

If applicable, indicate which day(s) above is a ½ day(s): _____

Reason for Absence: _____

You must submit requests for absences, other than sick leave, prior to the first day you will be absent.

Employee Signature

Date

Substitute(s):

Name: _____

Date: _____

Name: _____

Date: _____

Name: _____

Date: _____

Manager Approval

Approved

Rejected

Comments: _____

Manager Signature

Date