

GANANDA CENTRAL SCHOOL DISTRICT

Employee Absence Form

(to be completed for each day of absence)

Employee Name: _____

Building: _____ Assignment/Position: _____

Section 1: To be completed in advance of a known absence and submitted to the building/department secretary for routing to the principal and business office. If this form is being completed post absence, skip to section 2.

Date of Planned Absence: _____ Half Day Full Day
AM/PM (circle one)

I will need a substitute. (Teachers, teacher assistants, and teacher aides only)

I contacted the subservice on _____ to arrange for a substitute. (Teachers, teacher assistants, and teacher aides only)

Confirmation #: _____

Section 2:

Reason for Absence

Sick

Jury duty

Bereavement

Conference

Personal

Vacation

Workers Comp

Other

Signature of Employee

Date of Submission

Signature of Principal/Supervisor

Date of Approval

No signatures needed. Completed the day of the absence by the bldg/department secretary.

BOCES sub Service can be contacted at 1-866-334-6669 for help, 1-855-800-6877 to report an absence or online at www.wflboces.org.