

PAMLICO COUNTY HIGH SCHOOL

**EMPLOYEE ABSENCE REPORT**

*Absence Forms MUST be turned in to the school bookkeeper as soon as you know of a scheduled absence or by 8:00 am the following school day after an unscheduled absence.*

Employee's Name: \_\_\_\_\_

Date of Absence(s): \_\_\_\_\_

# full Days \_\_\_\_\_

# 1/2 day mornings \_\_\_\_\_ # 1/2 day afternoons \_\_\_\_\_

Circle Absence Code:

**Absence Codes Description**

- 1 Sick Leave – No Deduction  
Personal Illness, Illness in Immediate Family, Death in Immediate Family, or Medical Appointment (Absences in excess of 5 days require a doctor's note.)
- 4 Professional Leave – No Deduction  
Staff Development, Field Trip, or Jury Duty (Approved Documentation needed: SEA System Form , Field Trip Form or Letter from Court)
- 6 Personal Leave – \$50 Deduction  
Only applicable to certified teachers that require a substitute.
- 7 Absence Without Pay – Day's Pay Deduction
- 20 Annual Leave/Vacation – No Deduction
- 26 Personal Leave – No Deduction  
May be used on a non-protected teacher workday that is not before or after a holiday/vacation day scheduled on the school calendar. Only applicable to certified teachers/media coordinators.
- 29 Bonus Leave – No Deduction  
Applicable to non-certified personnel who have leave balances in this category.
- COMP Comp Time (applies only to non-certified employees)  
\*\*Must have prior approval\*\*  
Days Comp time was earned: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>	<b>SEA #</b> _____
Substitute: _____	Date: _____
Substitute: _____	Date: _____
Substitute: _____	Date: _____