

WESTMONT HILLTOP SCHOOL DISTRICT
Maintenance & Custodial Department
ABSENCE OF EMPLOYEE FORM

NAME _____ **BUILDING** _____ **DATE FILED** _____

ALL EMPLOYEES are responsible for completing and filing a copy of this form with the Facilities Manager in accordance with the procedures outlined in the Policies and Procedures manual.

SICK LEAVE

This is to certify that my absence on _____ was due to illness. This time is to be deducted from accumulated sick leave.

Number of Days _____ Signature _____

I Reported off to _____ Time _____ am/pm

PERSONAL LEAVE

Date of absence _____ Signature _____

FUNERAL LEAVE – Immediate Family

This is to certify that my absence on _____ was due to the death of _____.

Relationship _____

Signature _____

FUNERAL LEAVE – Near Relative

This is to certify that my absence on _____ was due to the death of _____.

Relationship _____

Signature _____

SHORT TERM VACATION LEAVE

Date or Dates of Absence: Day One _____ Day Two _____

Signature _____

LONG TERM VACATION LEAVE

Dates of Absence: From _____ Thru _____

Number of Days _____ Signature _____

Approved/Not Approved _____ Facilities Manager Date _____

Approved/Not Approved _____ Business Manager Date _____