

PERSONAL ABSENCES

PLEASE COMPLETE & RETURN TO OFFICE

Name _____

Circle One

Date Absent _____ Full Day Half Day

Indicate Reason for Absence:

Sick Leave

Court Appearance-School busines

Personal Business Leave

Bereavement

Relationship to Deceased

Conference

Record appropriate information on
District Website - *MyLearningPlan*
Tech Help can provide assistance

Other

Please Specify

Employee Signature

Supervisor Signature

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