

School _____ Secretary _____ Payroll Ending Date _____

Employee ID Number	Employee Name/Vacancy <i>(Please print or type)</i> Last name, First name
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Number of Days Absent							
State Personal/ Illness	Local Personal	Off Duty/Vacation Days	School Business	Full Dock/ WC	Other/ Jury Duty	Local Sick	State Sick
106	103	104	105	108	109	101	102

Dates absent _____ through _____ Total days absent _____

If illness, specify personal or family. If family illness or death, give relationship. *(i.e. son, daughter, etc.)* _____

I do hereby certify the foregoing statement is true and correct. _____
Date *Employee signature (red ink only)*

**An employee who has exhausted all available leave for which he or she is eligible shall have five (5) workdays to return to work after exhaustion of leave. Failure of the employee to return to work may result in termination of employment.
 Note: A written doctor's statement must be attached for an illness absence of more than five (5) consecutive days.
 If absence is for jury duty, a written jury service statement must be attached.**

Substitutes Employed

Employee Identification #	Last Name	FI	MI	SIGN	Amount	Account Distribution					Number of Days Paid	
						Fund	Func	Sub	Org.	Extended Code		Object
												6 1
Dates sub worked _____ through _____												
												6 1
Dates sub worked _____ through _____												
												6 1
Dates sub worked _____ through _____												
												6 1
Dates sub worked _____ through _____												

Signature of Principal/Program Director *(red ink only)* _____ Title _____ Date _____