

Almont Community Schools

Almont, Michigan 48003

ABSENCE REPORT

EMPLOYEE NAME _____

Please Print

Sick Leave

Report shall be submitted the first day after returning to work.

Personal Business Leave

Requests for personal business leave must be submitted at least twenty-four (24) hours in advance so as to allow time for advance approval, except in emergency situations which prelude such advance submission notice.

Funeral Leave

Shall be requested as soon as the need is known.

Vacation

Shall be requested as soon as the need is known. (Please use appropriate form.)

APPROVAL IS CONDITIONAL UPON HAVING THE DAYS ACCRUED

(It is the employee's responsibility to make certain leave time is available)

No. of Days requested: _____ Dates: _____

If partial day, time left: _____ Time returned: _____

Reason for Absence:

Sick Leave

_____ Self

_____ Family (Relationship)

Personal

_____ Personal Business

Other

_____ Jury Duty

_____ Other (Explain)

Funeral

_____ Spouse, Child, Parent

_____ Other Relative (Relationship)

Employee Signature

Supervisor Signature

_____ Approved

_____ Not Approved

_____ *Approved with Loss of Pay*