



**Maria L. Varisco-Rogers
Charter School, Inc.**

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EMPLOYEE ABSENCE REPORT

General Instructions: ALL employees must complete this form immediately upon return to work, after an absence. All copies should be submitted to the principal, director or supervisor.

SECTION TO BE COMPLETED BY EMPLOYEE

Name: _____

Position: _____ School or Dept: _____

Date/s of Absence: _____ Total Number of Days This Absence: _____

Reason for Absence (Be Specific): _____

For absences because of illness or illnesses in the family totaling four (4) or more consecutive school days, the employee must file a physician's certificate with the principal, director or supervisor. The Board reserves the right to require a physician's certificate after one (1) day absence or illness or illnesses in the family.

I certify that the above reason given for my absence is true.

Date Employee Signature

SECTION TO BE COMPLETED BY PRINCIPAL, DIRECTOR OR SUPERVISOR

- | | |
|--|--|
| <input type="checkbox"/> Personal Illness (S) | <input type="checkbox"/> Public Obligation |
| <input type="checkbox"/> Critical Family Illness (F) | <input type="checkbox"/> College Graduation (G) |
| <input type="checkbox"/> Death in Family (D) | <input type="checkbox"/> Military Reserve Training (M) |
| <input type="checkbox"/> Personal Leave (P) | <input type="checkbox"/> Professional Purpose (R) |
| <input type="checkbox"/> Authorize Vacation (V) | <input type="checkbox"/> Other Specify (O) _____ |

I hereby certify that I have no information or reason to disbelieve the above given reason for absence.

Date Signature of Principal, Director or Supervisor

Was a substitute required? YES NO

Was documentation required? YES NO Type: _____

If required documentation was provided, please attach.

If required documentation was not provided, please explain why?

Instructions for distribution by Principal, Director or Supervisor
Copy #1 Personnel Department
Copy #2 School Office File Copy
Copy #3 Employee