

OTTOVILLE LOCAL SCHOOL DISTRICT

ABSENCE REPORT

EMPLOYEE ABSENCE REPORT	APPLICATION FOR PERSONAL LEAVE
<p>Name _____</p> <p>Number of Days _____</p> <p>Date(s) _____</p> <p><u>Application for:</u></p> <p><input type="checkbox"/> Sick Leave – as per provisions of contract, policy, or agreement</p> <p><input type="checkbox"/> Personal Illness</p> <p><input type="checkbox"/> Illness, Injury, or Death in the Immediate Family</p> <p><input type="checkbox"/> Professional Leave</p> <p><input type="checkbox"/> Vacation (12 month employees)</p> <p><input type="checkbox"/> Other _____</p> <p>Signature _____</p> <p>Date _____</p>	<p>Name _____</p> <p>Time Requested (Days) _____</p> <p>Date(s) _____</p> <p>Signature _____</p> <p>Date _____</p> <p><u>Notes:</u></p>
<p><u>Leave Approval</u></p>	
<p>_____ Date Signature of Supervisor</p>	<p>_____ Date Signature of Superintendent</p>