

LOYALSOCK TOWNSHIP SCHOOL DISTRICT

PROFESSIONAL EMPLOYEE ABSENCE REPORT AND REQUEST FORM

NAME _____

TOTAL DAYS ABSENT _____

BUILDING _____

Reason for Absence	Dates of Absence
1. Personal Leave (If eligible)	1. _____
2. Jury Duty (Arrangements shall be made to refund Jury Pay to the District)	2. _____
3. Court Appearance (Arrangements shall be made to refund Witness Fees to the District)	3. _____
4. Sick Leave	4. _____
5. Bereavement Leave	5. _____
a. Relationship of Deceased to Employee _____	
b. Date of Deceased's Death _____	
c. Date of Deceased's Funeral _____	
6. Vacation (If eligible)	6. _____
7. Conference (Name) _____	7. _____
8. Day without Pay (Policy # 339 Uncompensated Leave - *requires approval from Superintendent)	8. _____
9. Other (Explain in Detail)	9. _____
_____	_____

Employee's signature indicates that the information above is, to the best of his or her knowledge, correct and accurate.

Employee Signature

Date

ACTION BY IMMEDIATE SUPERVISOR

_____ Approved _____ Denied

Comments: _____

Supervisor's Signature: _____

Date: _____