

MINSTER LOCAL SCHOOLS
EMPLOYEE ABSENCE & SUBSTITUTE

NAME _____
(Absentee)

DATE ABSENT _____

_____ Full day _____ Half Day _____ # of bus routes

EXPLANATION

REASON: _____ Personal Illness
_____ Illness in Immediate Family _____
_____ Other Use of Sick Leave
_____ Death in Immediate Family _____
_____ Pallbearer _____
_____ Child's Graduation _____
_____ Teacher's Graduation _____
_____ Restricted Leave (NOT deducted from sick leave)
_____ Subpoena to court _____
_____ Emergency _____
_____ Jury Duty _____
_____ Personal Day _____
_____ Vacation _____
_____ Leave without pay _____
_____ Holiday _____
_____ Accident on Job _____
_____ Professional Day _____

Employee's Signature

Absence was:

Expected in advance	_____ yes	_____ no
Reported on first date absent	_____ yes	_____ no
Considered by supervisor as	_____ excused	_____ unexcused

Name of Substitute _____

Dates employed _____ Full Day _____ Half Day

Signature of substitute _____

Principal's or Supervisor's Signature

Superintendent's Signature