

**MONROEVILLE LOCAL SCHOOLS
EMPLOYEE ABSENCE FORM**

NAME _____ DATE _____

POSITION _____ S.S. # _____

I was absent from my position with the Monroeville Board of Education for _____ day(s)/hrs.

DAYS ABSENT (month and days)

REASON FOR ABSENCE:

_____ Personal Illness

_____ Family Illness

_____ Injury

_____ Death (Immediate Family)

_____ Death (other family, friend, neighbor)

_____ Personal Leave

_____ Professional Leave

_____ Jury Duty

_____ Other: Specify _____

_____ Dock Days/Hrs. _____

_____ Vacation (Non-Certified Only)

AN EMPLOYEE MUST FURNISH A WRITTEN, SIGNED STATEMENT TO JUSTIFY USE OF SICK LEAVE EXCEEDING (5) CONSECUTIVE DAYS.

EMPLOYEE SIGNATURE

DATE

_____ APPROVED BY	_____ DATE
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