

GRANT COUNTY ESD  
ABSENCE FROM WORK RECORD

I, \_\_\_\_\_, was absent/will be absent from work for \_\_\_\_\_  
days/hours due to the following, on \_\_\_\_\_ (Date).

I, \_\_\_\_\_, have worked \_\_\_\_\_ days on \_\_\_\_\_  
\_\_\_\_\_ (Dates) that need to be added to my comp time.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Superintendent/On Site Supervisor

- \_\_\_\_\_ Sick Leave
- \_\_\_\_\_ Personal Leave
- \_\_\_\_\_ Leave without Pay
- \_\_\_\_\_ Professional Leave

\_\_\_\_\_ Bereavement Leave  
Relation: \_\_\_\_\_

\_\_\_\_\_ Emergency Leave  
Reason: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

If you need a substitute, please make sure you have contacted Stacie and let her know as soon as you know you will need a substitute and who it will be so appropriate paperwork can be collected.

Substitute: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Notes:

Please turn in to Stacie prior to the 10<sup>th</sup> of the month.