

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 10th of the month.