

GRANT COUNTY ESD

ABSENCE FROM WORK RECORD

Employee Name: _____ Date: _____

Date(s) Absent: _____

Please deduct my time from the following category:

_____ VACATION

_____ SICK LEAVE

_____ PERSONAL LEAVE

_____ PROFESSIONAL LEAVE

_____ LEAVE WITHOUT PAY

_____ BEREAVEMENT LEAVE Relation: _____

_____ EMERGENCY LEAVE Reason: _____

_____ OTHER Explain: _____

If you need a substitute, please make sure you have contacted Emma 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 Name: _____

Substitute Phone Number: _____

Notes:

Employee Signature: _____

Superintendent/On-Site Supervisor Signature: _____

PLEASE TURN INTO EMMA PRIOR TO THE 10TH OF THE MONTH

OFFICE USE ONLY:

Added to Calendar: _____ *Added in Absence Spreadsheet:* _____ *Entered in Visions:* _____