

PORT TOWNSEND SCHOOL DISTRICT

CLASSIFIED - Employee Absence Report

Please complete and submit to your supervisor upon returning to work.
Absence forms must be submitted to payroll by the **10th** of the month.

Employee Name [PRINT]: _____

(Time Increments in *decimal format* at quarter hour increments: 15 min = .25, 30 min = .50, 45 min = .75, 60 min = 1.0 hour)

	Date (mm-dd-yy)	Time Absent		Date (mm-dd-yy)	Time Absent		Date (mm-dd-yy)	Time Absent		Date (mm-dd-yy)	Time Absent
Mon			Mon			Mon			Mon		
Tue			Tue			Tue			Tue		
Wed			Wed			Wed			Wed		
Thur			Thur			Thur			Thur		
Fri			Fri			Fri			Fri		
Sat			Sat			Sat			Sat		
Sun			Sun			Sun			Sun		

Check Leave Type:

(Note dates by leave type only if selecting more than (1) type of leave)

- **Sick Leave:** _____
- Includes care of a child under age 18, spouse, parents, parents-in-law, grandparents, or adult children with disabilities

- **Illness in Family:** _____
- (3) days per year – accumulates to (5) days

- **Annual Leave:** _____
- Vacation

- **Jury Duty/Court Appearance:** _____

- **In-Service/Training:** _____
- Description: Training, Meetings, etc.

- **Other In-Service:** _____
- Description: Sports, ASB, Interviews, etc.

- **Emergency Leave (Reason) :** _____
- Subject to approval of the Superintendent

- **Bereavement Leave:** _____
- Note specific Relationship to Employee/(5) days per year:

- **Leave without Pay (Reason) :** _____

- **Other Leave (Description) :** _____

- **Union/Association Leave (Description) :** _____

Additional Comments:

By signing below I acknowledge and certify that the information contained on this document is true and accurate.

Employee Signature: _____

Date:

Supervisor Signature: _____

Date: