

PORT TOWNSEND SCHOOL DISTRICT

CERTIFICATED - Employee Absence Report

Please complete and submit to your supervisor upon returning to work.
Absence forms must be submitted to payroll by the 15th of the month.

Employee Name [PRINT]: _____

*If less than 1.0 or .5 Day - Please use Time Increments in decimal format at quarter hour increments:
 ie: 15 min = .25, 30 min = .50, 45 min = .75, 60 min = 1.0 hour AND indicate "Hr" with time noted.*

| | 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:** _____
 - (1) day per year – not accumulative

- **Personal Leave:** _____
 - (3) Days per year at no cost to employee

- **Personal Leave @ cost of Substitute:** _____
 - Personal Leave accumulates to (5) days

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

- **In-Service/Training:** _____
 - Description: IEP's, Testing, Training, 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.

Date:

Employee Signature:

Date:

Supervisor Signature: