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**PEWAMO-WESTPHALIA COMMUNITY SCHOOLS**

**TEACHER ABSENCE FORM**

NAME: Click here to enter text.

DATE OF FILING REPORT: *Click here to enter a date.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE(S) OF ABSENCE** | **SELECT TYPE OF ABSENCE** | **# OF DAYS** | **YES - SUB REQUIRED** | **NO - SUB NOT REQUIRED** |
| Click here to enter a date. | Choose an item. | Click here to enter text. |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**\*Requires prior administrative approval**

**It is the responsibility of the teacher to be aware of leave balances prior to submission of this form. Per bargaining unit contract language, teachers are allocated 2 Personal Days and 11 Sick Days per school year. Unused Personal Days may accrue to a maximum of 4 days. Unused sick days may accrue with no limit on the total number. Any personal or sick leave requested beyond your current balance will be unpaid and MUST be approved by the superintendent and/or Board of Education. The information entered on this form is to be interpreted by the supervisor as a true representation of your leave time.**

If Conference, please indicate location, sponsor and explanation of benefit:

Click here to enter text.

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Employee Signature Date

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Supervisor Signature Date

Rev 2/15