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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.*

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| --- | --- | --- | --- | --- |
| **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 up until a cap of 120 days. 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