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**PEWAMO-WESTPHALIA COMMUNITY SCHOOLS**

**EMPLOYEE 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. |[ ] [ ]
| Click here to enter a date. | Choose an item. | Click here to enter text. |[ ] [ ]
| Click here to enter a date. | Choose an item. | Click here to enter text. |[ ] [ ]
| Click here to enter a date. | Choose an item. | Click here to enter text. |[ ] [ ]

**\*Requires prior superintendent approval**

**It is the responsibility of the employee to be aware of leave balances prior to submission of this form. The information entered on this form is to be interpreted by the superintendent 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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Superintendent Signature Date

Rev 4/15