



**MEDINA CITY SCHOOLS
PERSONNEL ABSENTEE REPORT**

**CERTIFIED
STAFF** _____

**SUPPORT
STAFF** _____

SUBSTITUTE

NAME OF SUBSTITUTE	BUILDING
DATES EMPLOYED	NO. OF DAYS WORKED
SIGNATURE OF SUBSTITUTE	IDENTIFICATION#

ABSENTEE REPORT

NAME OF REGULAR EMPLOYEE	NO. OF DAYS ABSENT	DATES OF ABSENCE
EXPLANATION OF ABSENCE		
EMPLOYEE WISHES TO BE CHARGED AS FOLLOWS:		
_____ PERSONAL ILLNESS (Charged to Sick Leave) ¼ day minimum		
_____ FAMILY ILLNESS (Charged to Sick Leave) ¼ day minimum		
_____ Immediate _____ Extended		
_____ DEATH IN FAMILY (Charged to Sick Leave) ¼ day minimum		
_____ PERSONAL LEAVE (Refer to Master Contract)		
_____ VACATION LEAVE (Refer to Master Contract)		
_____ PROFESSIONAL LEAVE – OUT OF DISTRICT (For attendance at conferences related to professional growth, etc.)		
ATTACH PROFESSIONAL LEAVE REQUEST		
_____ PROFESSIONAL LEAVE – IN DISTRICT (For Curriculum development, on-site training, inservices, etc.)		
_____ ASSOCIATION LEAVE (ONLY for conduct of union business and attendance at union conferences - REFER TO MASTER CONTRACT)		
_____ OTHER LEAVE WITH PAY (ONLY for jury duty, school-related subpoenas, military duty, etc.)		
_____ LEAVE WITHOUT PAY (Medical leave, etc.) Explain above.		

EMPLOYEE'S SIGNATURE	IDENTIFICATION #	DATE OF APPLICATION
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BLDG. PRINCIPAL OR SUPERVISOR'S SIGNATURE	DATE
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1. THIS APPLICATION MUST BE FILED WITH THE RESPONSIBLE ADMINISTRATIVE OFFICER AND APPROVED PRIOR TO THE PAYMENT OF SALARY FOR THE DAYS FOR WHICH LEAVE IS REQUESTED.
2. FALSIFICATION OF THIS STATEMENT IS REASON FOR DISCIPLINARY ACTION.

FOR OFFICE USE ONLY; COMMENTS

APPROVED AS SUBMITTED UNLESS OTHERWISE INDICATED ABOVE