

EMPLOYEE ABSENCE REPORT

LEWISTON INDEPENDENT SCHOOL DISTRICT #1

Place of work: _____

Employee _____

Dates _____	Sub. _____
Dates _____	Sub. _____
Dates _____	Sub. _____
Dates _____	Sub. _____
Dates _____	Sub. _____
Dates _____	Sub. _____

Total Days Absent

Reason for absence	Dates	List Number of Days	
		Authorized Pay	No Pay
CERTIFICATED EMPLOYEES			
A PROFESSIONAL LEAVE-(District paid sub.)			
Purpose _____			
Purpose _____			
Purpose _____			
Purpose _____			
B ADDITIONAL LEAVE (deduct sub pay) (5)			
C PROFESSIONAL LEAVE - Education (1)			
E PERSONAL LEAVE (2)			
Buy - Maximum 2 days/year			
Please circle if buying			
R LEA LEAVE (LEA President's leave)			
SALARIED/EQUALIZED PAY EMPLOYEES			
D DEDUCT			
ALL EMPLOYEES			
F BEREAVEMENT - Family (5 per occurrence)			
Date of death _____			
H BEREAVEMENT - Other (1)			
I CIVIC DUTY			
P PARENT'S LEAVE - Newborn/Adopted (3)			
S - 1 SICK LEAVE - Self			
S - 2 SICK LEAVE - Family			
O OTHER - Please explain			
Purpose _____			
Purpose _____			
Purpose _____			
Purpose _____			
CLASSIFIED 9 - MONTH EMPLOYEES			
L ESP PERSONAL BUSINESS LEAVE (1)			
TWELVE - MONTH EMPLOYEES			
V VACATION			

I do hereby certify that I was/will be absent from my duties on the date(s) and for the reasons indicated.

Employee Signature _____

Approved _____	Not Approved _____
Supervisor/Prin/C.S. Admin. _____	Date _____