

**INDEPENDENT SCHOOL DISTRICT # 2155
WADENA-DEER CREEK, MN**

Employee's Absence and Sick Leave Report

Please use this form to report all employee absences. When properly completed, it serves as a request for sick leave or other approved leave of absence.

Date: _____

I hereby report absence due to: (Please check the appropriate absence blank and provide the additional information indicated.)

_____ 1. Personal Accident or Illness.

_____ 1a. Personal Medical Care. Please indicate type of medical care, that is, surgery, doctor's appointment, etc. and indicate whether this was an elective procedure* as defined below.

Type of Medical Care: _____
Was this an "Elective Procedure"? _____

_____ 2. Family Illness or Death. Name and relationship to employee: _____

_____ 2a. Family Medical Care. Name and relationship to employee: _____

Please indicate type of medical care, that is, surgery, doctor's appointment, etc., and indicate whether this was an elective procedure* as defined below.

Type of Medical Care: _____
Was this an "Elective Procedure"? _____

_____ 3. Vacation.

_____ 4. Approved Personal Leave. _____ Approved Discretionary Leave.

_____ 5. Absence without pay. Please specify: _____

_____ 6. School related activity. Please specify: _____

_____ 7. Other Absence. Please specify: _____

*Elective procedures are those medical procedures which are only advantageous to the patient and do not require immediate attention but can be attended to at a later date.

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The date(s) on which I was absent was/were: _____

for a total of _____ working days. My Substitute(s) was/were: _____

I hereby certify that to the best of my knowledge the above statements are true.

I have examined this report and believe that it is correct.

Employee's Signature

Supervisor's Signature

Date