EMPLOYEE ABSENCE REPORT

Please indicate the reason below for your absence. Your Pay Voucher will reflect the items listed on this report. The item you have listed must be in accordance with the Sick Leave and Substitute Teacher Regulations adopted by the North Carolina State Board of Education.

Please complete this form before your absence or immediately upon returning to work. Print your name and school location then sign your name as shown on your Pay Voucher.

No. of Days	Dates	Description 1. Sick Leave - Personal Illness	
		3. Sick Leave - Personal illness in excess of Sick Leave Regulation	
			4. Other Absences with no Deduction (Check appropriate category below) a. Community responsibilities b. Approved meetings or assignments c. Civil Leave (Check appropriate category below) Jury Duty Court Attendance Subpoenaed or directed by proper authority to appear as a witness d. Teachers participating in In-Service School Projects e. Suspension with pay f. Military Leave g. Teachers injured during an episode of violence h. Observance of bona fide religious holiday
		5. Other absences with deductions (Check appropriate category below) a. Professional responsibility and attendance at a professional meeting b. Community responsibility (as approved by the superintendent of the administrative unit for such reasons as funeral or school child or parent or representing the school/administrative unit).	
		 6. Personal Leave - To be approved by the Principal & Superintendent. Deduction for substitute pay will be made. Request should be made 5 days in advance. 7. Absence without pay - An employee who is absent for any cause other than those enumerated above shall not be entitled to receive salary payment for those days. 	
			28. Bonus Leave - the same restrictions for the use of Annual Leave apply.
	Print Er	mployee's Name School Location	
	Emplo	yee's Signature Date	
Driv	ncinal's / Sunanviso	r's / Superintendent's Signature Date	