

**TROY CITY BOARD OF EDUCATION
ABSENTEE FORM**

TO: SUPERINTENDENT

I was absent from work for a total of _____ day(s), beginning _____
through _____.

I was absent for the following reason: **(PLEASE CHECK ONE)**

____ (a) PERSONAL ILLNESS

____ (b) BODILY INJURY which incapacitates the employee

____ (c) ATTENDANCE UPON AN ILL MEMBER OF THE IMMEDIATE FAMILY:

Husband, wife, son, daughter, mother, father, sister, brother. **(CIRCLE ONE)**

____ (d) DEATH IN THE IMMEDIATE FAMILY of the employee: Husband, wife, son, daughter,
mother, father, sister, brother, aunt, uncle, niece, nephew, grandson, grand-daughter,
grandmother, grandfather, son-in-law, daughter-in-law, father-in-law, mother-in-law,
sister-in-law, brother-in-law. **(CIRCLE ONE)**

____ (e) WHERE UNUSUALLY STRONG PERSONAL TIES EXIST due to an employee having
been supported or educated by a person of some relationship other than those listed, this
relationship may be recognized for leave purposes.

____ (f) DETACHED DUTY, approved by the Superintendent

____ (g) PERSONAL LEAVE, approved by the Superintendent

____ (h) LEAVE, for Personal reasons for which the employee does not expect pay

____ (i) LEGAL SERVICE

____ (j) PLANNED PERSONAL LEAVE, Substitute's pay will be deducted from employee's salary

____ (k) SICK LEAVE BANK Request _____ days from Sick Leave Bank

____ (l) VACATION

Signed: _____
(EMPLOYEE)

Date: _____

<p style="text-align: center;"><u>RECORD INFORMATION</u></p> <p>PAY \$ _____ ON _____ PAYROLL SUBSTITUTE EMPLOYEE, SICK LEAVE OF REGULAR EMPLOYEE WILL BE CHARGED _____ DAY(S)</p> <hr/> <p style="text-align: center;">(PRINCIPAL OR SECRETARY)</p>	<p style="text-align: center;"><u>SUPPLY EMPLOYEE</u></p> <p style="text-align: center;">I SUBSTITUTED FOR _____</p> <p>FOR A PERIOD OF _____ DAY(S) BEGINNING _____ AND ENDING _____</p> <hr/> <p style="text-align: center;">(SUBSTITUTE SUPPORT PERSON)</p>
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