

CHIMACUM SCHOOL DISTRICT

Employee Absence Report

Please complete and submit to your supervisor upon returning to work.
Absence forms must be submitted to payroll by the 1st of the month.

Employee Name:

	Date	Hrs		Date	Hrs		Date	Hrs		Date	Hrs
Mon			Mon			Mon			Mon		
Tue			Tue			Tue			Tue		
Wed			Wed			Wed			Wed		
Thur			Thur			Thur			Thur		
Fri			Fri			Fri			Fri		
Sat			Sat			Sat			Sat		
Sun			Sun			Sun			Sun		

<p>(Double-click check boxes to activate)</p> <p><input type="checkbox"/> - Sick Leave: Illness & Injury Leave</p> <p><input type="checkbox"/> - Personal Leave (Other Leave)</p> <p><input type="checkbox"/> - Vacation Leave</p> <p><input type="checkbox"/> - L&I Injury</p> <p><input type="checkbox"/> - Jury Duty</p> <p><input type="checkbox"/> - In-Service: _____</p> <p><input type="checkbox"/> - Other: _____</p>	<p><input type="checkbox"/> - Bereavement Leave Specific Relationship to Employee: _____</p> <p><input type="checkbox"/> - Family Emergency Leave (per CIA Contract - only) Specific Relationship to Employee: _____</p> <p><input type="checkbox"/> - Family Leave (FMLA – Board Approved) Specific Relationship to Employee: _____</p>
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Comments:	
Employee Signature:	Date:
Supervisor Signature:	Date:

Substitute Information:	
Sub Name:	Dates:
Sub Name:	Dates:
Sub Name:	Dates: