

# WINSLOW TOWNSHIP BOARD OF EDUCATION ABSENCE REPORT FORM

Employee Name: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Date(s) of Absences:
_____
_____
_____
Revised Date of Absence(s):
_____
_____
_____

Directions: Check the Reason for your absence.

I.  **Sick Leave** – Presentation of a medical certificate after sick leave shall be at the discretion of the superintendent. Five (5) consecutive days illness requires a medical certificate that must be submitted with this form.

II.  **Personal Leave**–Must be applied for and approved by the superintendent or designee at least three school days in advance of the time for which the leave is requested.

III.  **Family Illness** - No more than 5 days can be used during the school year (Documentation Required). **Relationship** \_\_\_\_\_

IV.  **Death in the Immediate Family** - (father, mother, brother, sister, husband, wife, child, mother-in-law, father-in-law) Documentation required.  
**Relationship** \_\_\_\_\_

V.  **Death of a Close Relative**- (1 day per instance, maximum of 2 instances per year) Documentation required.  
**Relationship** \_\_\_\_\_

VI.  **Professional Development** (Title of activity)  
In District \_\_\_\_\_ Out of District \_\_\_\_\_

VII.  **Jury Duty** – Documentation Required

VIII.  **Vacation**



\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal / Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's / Designee's Signature

\_\_\_\_\_  
Date