



**CLINTON SCHOOL DISTRICT
ABSENTEE REPORT FORM**

EMPLOYEE NAME: _____

SCHOOL/DEPARTMENT: _____

TOTAL NUMBER DAYS ABSENT: _____

DATE(S) ABSENT: _____

IF HALF DAY, INDICATE: AM _____ **PM** _____

REASON FOR ABSENCE:

SICK _____ **PROFESSIONAL** _____ **PERSONAL** _____

VACATION _____ **FUNERAL** _____ **SCHOOL BUSINESS** _____

JURY DUTY _____

PLEASE EXPLAIN _____

NAME OF SUBSTITUTE (IF APPLICABLE) _____

EMPLOYEES' SIGNATURE _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

OFFICE USE ONLY:

ENTRY OFFICIAL SIGNATURE _____

DATE _____