

PERSONNEL ABSENCE REPORT
CLAY COUNTY SCHOOLS

NAME OF SCHOOL: _____

SCHOOL MONTH: FROM _____ TO _____, _____

NAMES OF PERSONNEL	DATE OF ABSENCE	NUMBER OF DAYS	CHECK REASON		
			PERSONAL LEAVE	SICK LEAVE	OFF WITHOUT PAY
PLEASE PUT ALL STAFF IN ALPHABETICAL ORDER AND ATTACH SICK LEAVE FORM WITH THIS SHEET. ONE SICK LEAVE FORM FOR EACH EMPLOYEE PER TIME PERIOD FOR ALL DAYS MISSED. <u>DO NOT STAPLE SICK LEAVE SHEET TO TIME SHEETS.</u>					
TOTALS OF THIS PAGE					

TURN THIS FORM IN TO THE BOARD OFFICE AT THE END OF EACH SCHOOL MONTH.

DATE: _____

Immediate Supervisor