**Absentee Form**

SCHOOL:

POSITION:

EMPLOYEE NAME:

SOCIAL SECURITY NUMBER: XXXX-XX- (last four digits required)

DATE OF ABSENCE:

NUMBER OF DAYS ABSENT (half or full):

NAME OF SUBSTITUTE:

SOCIAL SECURITY NUMBER: XXXX-XX- (last four digits required)

Please put an (X) beside one of the following:

\_\_Illness of Employee

\_\_ COVID Emergency Paid Sick Leave (attach COVID form)

\_\_Jury Duty

\_\_Illness or Death of a Member of the Immediate Family

\_\_Personal Leave \_\_Professional Leave - **must specify:**

\_\_Funeral Leave

\_\_Birthday

\_\_Vacation

\_\_Other - **must specify:**

*Sick leave shall be defined as: illness of a teacher from natural causes or accident, quarantine, or illness or death of a member of the immediate family of a teacher, including the teacher's wife or husband, parents, grandparents, children, grandchildren, brothers, sisters, mother-in-law. father-in-law, daughter in-law, son-in-law, brother-in-law, and sister-in-law.* A certificate executed by the attending physician shall be submitted in support of all claims for sick leave pay for a period of five (5) consecutive days or more.

I hereby certify that the days I am claiming for sick leave come under the above paragraph listing reasons for sick leave.

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_