

**SIMPSON COUNTY SCHOOL DISTRICT
ABSENCE FROM WORK FORM**

NAME OF EMPLOYEE: _____

SCHOOL LOCATION: _____

REASON FOR ABSENCE.	Note:
<input type="checkbox"/> JURY DUTY	_____
<input type="checkbox"/> NATIONAL GUARD	_____
<input type="checkbox"/> SICK EMPLOYEE	_____
<input type="checkbox"/> SICK - FAMILY MEMBER	_____
<input type="checkbox"/> SICK - DR'S APPOINTMENT	_____
<input type="checkbox"/> MEDICAL LEAVE	_____
<input type="checkbox"/> PERSONAL DAY	_____
<input type="checkbox"/> VACATION	_____
<input type="checkbox"/> SCHOOL ACTIVITY	_____
<input type="checkbox"/> SCHOOL BUSINESS	_____
<input type="checkbox"/> HOLIDAY	_____
<input type="checkbox"/> PINK DAY NO WORK NO PAY	_____

NUMBER OF DAYS ABSENT: _____

DATE(S) OF ABSENCE: _____

SIGNATURE OF EMPLOYEE: _____

DATE: _____

APPROVAL: _____