Staff Absentee Form			
Name:			
<u>Date</u>	<u>Day</u>	Time Missed (in increments per day)	_
	Monday Tuesday Wednesday Thursday Friday	1.00       .75       .50       .25         1.00       .75       .50       .25         1.00       .75       .50       .25         1.00       .75       .50       .25         1.00       .75       .50       .25         1.00       .75       .50       .25	
*For Profe	essional time, please li	e MUST have prior approval from administration.  st the name of the workshop or trip you are requesting to absentee slip to the trip request form.	to
This absen	ce should be counted	as:	
Pers	sonal/Sick Time	_Professional Time Vacation	
Ber	eavementJ	rry DutySchool Business	
Is A Sub N	eeded:		
Employee Signature:			
Supervisor	· Signature:		
Used SubT	SeachNo	Yes Name of Sub	