

## MONTPELIER SCHOOL EMPLOYEE REPORT OF ABSENCE

Name \_\_\_\_\_

Name of substitute used, if any \_\_\_\_\_

I hereby apply for leave of absence       I have been absent on the following dates

Beginning \_\_\_\_\_ Ending (last day of absence) \_\_\_\_\_ Total work days \_\_\_\_\_  
(00/00/0000) (00/00/0000)

For Partial Days: Detail of time absent \_\_\_\_\_

Reason for absence \_\_\_\_\_

Sick    Personal leave    Funeral Leave    Professional leave    Deduct\*

Sick-Use any available accumulated class coverage time first

*Personal- Use any available accumulated class coverage time first*

\*School board approval needed for planned absences that affect your total contract pay.

\_\_\_\_\_ approved      \_\_\_\_\_disapproved

\_\_\_\_\_  
EMPLOYEE SIGNATURE      Today's date \_\_\_\_\_  
\_\_\_\_\_  
PRINCIPAL SIGNATURE

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\_\_\_\_\_  
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