**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)

Reason for absence

[ ]  Sick [ ]  Personal leave [ ]  Funeral Leave [ ]  Professional leave [ ]  Deduct\*

\*After using all applicable leave, a teacher may be granted 3 days leave without pay at the discretion of the superintendent. Any additional days of unpaid leave beyond 3 must be approved by the school board.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's date       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMPLOYEE SIGNATURE PRINCIPAL SIGNATURE

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 EMPLOYEE SIGNATURE PRINCIPAL SIGNATURE­­­­­­­