

HALL COUNTY SCHOOL SYSTEM

Employee Monthly Absence Report

Date

I. GENERAL INFORMATION

Name

Employee ID # & last 4 digits of SSN

Position

School

TURN IN IMMEDIATELY FOLLOWING ABSENCE FOR ENTRY

II. REASON FOR ABSENCE:

		<u>Total Days</u>	<u>Dates</u>
01	Sick leave Illness (1) Self	_____	_____
	(2) Family Member Death	_____	_____
	(3) Family Member	_____	_____
	(4) Household Member	_____	_____
02	Personal (Days previously used: _____)	_____	_____
03	Accreditation Visit	_____	_____
05	School Professional Learning	_____	_____
06	Jury Duty (attach summons)	_____	_____
07	Vacation	_____	_____
08	Leave without Pay	_____	_____
09	Suspension with Pay	_____	_____
10	Suspension without Pay	_____	_____
15	Military Duty	_____	_____
16	System Professional Learning	_____	_____
17	Assigned Duty Away from Classroom	_____	_____
19	School Witness (attach subpoena) *(MUST BE DIRECTLY RELATED TO JOB DUTIES)	_____	_____

III. SUBSTITUTE DATA:

Name as on Social Security Card	Employee ID/ Last 4 digits of SSN	No. Days or Portion of Day this month for above absence
_____	_____	_____

School personnel return this form to Principals for approval and data entry. Principals and Central Office Staff return forms to the Personnel Department for Data Entry.

I certify that the information contained in this report is correct to the best of my knowledge.

Employee's Signature

Date

Supervisor's Signature

Date