

HANCOCK COUNTY SCHOOLS ABSENCE REPORT

Employee Name _____ Employee Number _____

Work Location _____ Position _____

Date(s) Request _____ All Day _____ Half Day AM _____ Half Day PM _____
(MM/DD/YYYY)

I am requesting to be absent from my duties for the following reason:

Charge to Sick Leave

Charge to Permissive Personal Leave (Limit 3 Per Year)

Illness – Personal (SL) _____

Permissive Personal Leave – One Day (PL) _____

Illness – Family* (FI) (Limit 3 Per Year) _____

Permissive Personal Leave – More Than 1 Day (PL) _____

Funeral – Employee’s Family* _____

Note: If requesting more than one PL day, you must state the reason: _____

Arrangements (HF)* _____

*Hospitalization/Nursing Care

*Give Relationship _____

Charge to Unpaid Leave

Unpaid Leave (UP) _____

Leave of Absence _____

Note: All requests for Unpaid Leave (UP) or a Leave of Absence must be accompanied by a letter of explanation to the Superintendent.

Vacation (VA) (260 Day Employee) _____

Vacation (VC) (Administration) _____

Vacation (VA) (240 Day Employee) _____

Non-Contract (NC) (240-Day Employee) _____

Reason _____

_____ Applicant Signature	_____ Date
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
_____ Supervisor Signature	_____ Date

DIRECTIONS: This form is to be completed for all sick, personal, and vacation leave absences. When charging absences to sick leave, this form must be completed IMMEDIATELY upon returning to work.

When charging absences to personal business or vacation, it shall be completed at least **24 hours** in advance of the dates being requested (except in the case of extreme emergencies).

This original form should be sent to the Finance Office for recording, before mailing, make a copy for your records.

Employees are reminded that falsification of an official government record is a violation of WV Code.