



ABSENCE FROM DUTY REPORT (To be completed for all absences)

EMPLOYEE _____ **Sutton** _____

School or Department

Date(s) of absence _____

Number of days _____ Total number of dates absent during the present school year _____

Absence as a result of Death of relative Personal illness Personal business Vacation Jury Duty
 Familv Illness (Identifv member _____) Other (Please specify: comp _____)

For absence due to personal illness of more than (7) consecutive days complete the following:

Date(s) seen by physician if appropriate: _____

Signature of attending physician

Signature of employee

Address

Telephone

Signature of Principal or Administrator

If this form requires a signature and is not signed by the physician attach a doctor's statement.

