

NSCSD ABSENCE REPORT

Dates Requesting: _____

Please Print Name:

Last: _____ First: _____ Employee #: _____

Building: _____

Reason for Request:

- Personal
- Sick/Family
- Vacation
- Workers' Compensation (Mid M. only)
- Unpaid Leave
- Other: Please Explain: _____

Reason for Request: (non-chargeable time)

- Conference, Workshop, etc. (Out of District)
- Conference, Workshop, etc. (In District)
- Jury Duty
- Military Leave
- Workers' Compensation
- Cancer Screening (w/documentation)
- Other: Please Explain: _____

I will need a sub

Substitute Requested: _____

I will not need a sub

Department/Building Coverage: _____

Requestor's Signature/Title

Date

Authorizing Signature/Title

Date