

Northern Potter School District  
Absence From Duty Report/Request

**Directions:**

This form must be completed and returned to the appropriate office personnel by ALL employees to report or request ALL absences from duty regardless of cause. Failure to return the completed form may result in loss of pay for the day/s absent from duty. Absences known before the fact are to be reported prior to the day of absence. Re: jury duty, funerals, appointments, etc. Absences due to personal illness or emergency are to be reported after the fact on the day the employee returns to work. Absences due to professional and personal business or for other reasons not mentioned above are to be requested before the fact.

**EMPLOYEE:** \_\_\_\_\_

**ABSENCE REPORTED/REQUESTED**

- |                                     |                          |              |
|-------------------------------------|--------------------------|--------------|
| Personal Illness                    | <input type="checkbox"/> | Dates: _____ |
| Personal Doctor/Dentist Appointment | <input type="checkbox"/> | Dates: _____ |
| Family Illness                      | <input type="checkbox"/> | Dates: _____ |
| Family Doctor/Dentist Appointment   | <input type="checkbox"/> | Dates: _____ |
| Personal Leave                      | <input type="checkbox"/> | Dates: _____ |
| Emergency Leave (Explain Below)     | <input type="checkbox"/> | Dates: _____ |
| Funeral                             | <input type="checkbox"/> | Dates: _____ |
| Jury Duty                           | <input type="checkbox"/> | Dates: _____ |
| Conference/Workshop/Visitation      | <input type="checkbox"/> | Dates: _____ |
| Field Trip                          | <input type="checkbox"/> | Dates: _____ |
| Vacation                            | <input type="checkbox"/> | Dates: _____ |
| Working in District                 | <input type="checkbox"/> | Dates: _____ |
| Other (Explain Below)               | <input type="checkbox"/> | Dates: _____ |

**Remarks:**

\_\_\_\_\_  
Signature of Employee/Date

**(Immediate Supervisor Use Only)**

Date Received \_\_\_\_\_

**Remarks:**

\_\_\_\_\_  
Signature of Supervisor/Date

**(Central Office Use Only)**

Date Received \_\_\_\_\_

Request/Report Approved  Denied  Noted

**Remarks:**

\_\_\_\_\_  
Signature of Superintendent/Business Manager Date