

**HERSCHER C.U.S.D. #2**

**ABSENCE FROM WORK REPORT**

Name: \_\_\_\_\_ Emp #. \_\_\_\_\_ School/Location: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_ Total Number of Days Absent: \_\_\_\_\_

Reason for Absence:

\_\_\_\_\_ Vacation \_\_\_\_\_ Sick Leave \_\_\_\_\_ Personal

Professional (Specify Location/Title of Conference, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

1/1/08