



ABSENCE FORM CONWAY SCHOOL DISTRICT

EMPLOYEE NAME: _____

POSITION: _____

SCHOOL/LOCATION: _____

(please indicate # hours for each day)

	DATE(S)	NUMBER OF HOURS	REASON/COMMENT (IF APPLICABLE)
SICK LEAVE SELF/ILL FAM			
PERSONAL BUSINESS			
OTHER			
VACATION			
OTHER			
BEREAVEMENT/SERIOUS ILLNESS			

OFFICE USE ONLY	
ABSENCE APPLIED TO SERIOUS FAMILY ILLNESS/BEREAVEMENT	TOTAL
ABSENCE APPLIED TO PERSONAL BUSINESS	
ABSENCE APPLIED TO VACATION	
ABSENCE APPLIED TO SICK LEAVE	
ABSENCE APPLIED TO FMLA	
ABSENCE APPLIED TO OTHER	

EMPLOYEE SIGNATURE: _____

PRINCIPAL/SUPERVISOR SIGNATURE: _____

ABSENCE TYPE _____
DATE PROCESSED _____