

Fowler Public Schools
ABSENCE REPORT FORM

NAME _____ TODAY'S DATE _____

This is to verify that I was absent from work on the date(s) listed below:

This absence was for:

Personal Business

Professional Conference (Specify)

Sick Leave

Personal Sick Leave

Administrative Assignment (Specify)

Family Sick Leave

Death of _____
(specify relationship)

Leave Without Pay

Other (specify) _____

Vacation

Name of Substitute: _____

Employee's Signature

Supervisor's Signature

Original – Employee ♦ Copies (2) – Supervisor and Central Office



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