

STAFF ABSENCE REPORT  
BURKE SCHOOL DISTRICT

Fill out completely in duplicate and have staff member sign after completion. One copy distributed to the Business Office monthly, and one copy to keep on file in Principal's Office.

\_\_\_\_\_  
Name of Staff Member

\_\_\_\_\_  
Date/Dates of Absence

CHECK ONE:

PERSONAL LEAVE

SICK LEAVE

PROFESSIONAL LEAVE

Family Funeral

Other Funeral

SCHOOL ACTIVITY:

PAY DEDUCT

OTHER:

\_\_\_\_\_  
Name of Substitute

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Staff Member

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