

**COLONIAL HEIGHTS PUBLIC SCHOOLS
PERSONNEL ABSENTEE STATEMENT**

EMPLOYEE'S NAME _____

SOCIAL SECURITY # (LAST 4 DIGITS ONLY) _____

DATE(S) OF ABSENCE _____

AMOUNT OF TIME TAKEN _____

(only to be reported in increments of half or whole days)

REASON FOR ABSENCE:

_____ PERSONAL SICKNESS

_____ PERSONAL BUSINESS

_____ FAMILY SICKNESS

_____ MILITARY

_____ ANNUAL

_____ PROFESSIONAL

(Name of conference or activity)

_____ FUNERAL (spouse, parent, child) - All other funerals shall be charged to sick leave, if eligible for sick leave; otherwise, personal business leave or annual leave must be used. Refer to School Board Policy GCBD-R1

_____ LEAVE WITHOUT PAY (specify reason) _____

_____ OTHER (specify reason) _____

SUBSTITUTE'S NAME: _____

SUBSTITUTE'S SS# (LAST 4 DIGITS ONLY) _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____