

TIFFIN CITY SCHOOLS
PROFESSIONAL STAFF ABSENCE STATEMENT

Name: _____

Location: _____

Number of Day(s) Absent: _____

Date(s) Absent: _____

Sick Leave Reason: (you may check more than one)		Substitute's Name _____
<input type="checkbox"/> Self/Illness (1)		
<input type="checkbox"/> Family/Illness (2)		
<input type="checkbox"/> Family Medical Leave Act Related		
<input type="checkbox"/> Funeral (3)		
Vacation:		
<input type="checkbox"/> Earned Vacation		
<input type="checkbox"/> Pre-approved Dock Day(s)		
<input type="checkbox"/> Jury Duty, Witness		
<input type="checkbox"/> Conference (Prior approval required)		
<input type="checkbox"/> Departmental/Grade Level Meeting (Prior approval required)		
<input type="checkbox"/> Personal Leave (Prior approval by Principal and Central Office Administrator required)		
Date:	Employee's Signature:	
Date:	Principal's Signature:	
Date:	Central Office Administrator's Signature:	

Revised 8/06
2nd Revision 2/5/09

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