

TIFFIN CITY SCHOOLS
SUPPORT 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"/>	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 2/4/09

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