RIDGEWOOD LOCAL SCHOOL DISTRICT

REPORT ON ABSENCE FROM SCHOOL FOR ANY REASON

(Certified and Non-Certified Personnel)

Employee's Name _____ School _____
(Last) (First)

Number of Days Absent _____

Substitute_____ Dates of Absence _____

Sick Leave

____ Personal Illness
____ Illness of _____ whose relationship is _____
____ Death of _____ whose relationship is _____

_____

____Professional Meeting
____School Business
____Vacation
____Personal Business with Pay
____Personal Business without Pay
____Other*

*Explanation
_____

_____

I understand that if all or any of my salary if allowed for the sick leave or paid personal leave it will be charged to the present balance of my accumulated leave. I further understand that the signing and filing of this record shall be a certification by me that the facts and statements contained herein are true and correct and that the filing of any false statement by an employee shall be considered as grounds for such disciplinary action as the Ridgewood Local Board of Education may deem advisable.

_____
Signature of Employee

_____ Date _____
APPROVED: Principal or Supervisor

_____ Date _____
APPROVED: Superintendent

Due within 3 days of return to work.

Dock
Amount _____
Days _____
Attendance Posted _____