

**PAWNEE CUSD #11
REQUEST/REPORT OF ABSENCE**

Date: _____

Approved: _____

Employee Name: _____

Denied: _____

Reason for Absence: _____
(Use Code)

Date of Absence: _____
AM PM All Day (Circle One)

- Codes
- A** Accident on Duty
 - C** Conference/Workshop
 - D** Dock Day
 - E** Extra Pay for Teaching/Supervision
(Indicate number of minutes below)
 - Fp** Funeral - not immediate family
 - Fs** Funeral - Immediate Family
(Indicate family relationship)
 - FT** Field Trip
 - J** Jury Duty
 - L** Leave of Absence
 - PL** Personal Leave
 - O** Other
 - S** Sick
 - V** Vacation

Employee's Signature

Supervisor's Signature

If "C" code is used, please name conference attended: _____

Report of Substitute

Name of Substitute (if known): _____

Date(s) Substituted: _____

Absence form should be completed and returned to supervisor immediately upon employee's return to work! The supervisor should then sign and forward to Unit Office.