

**FLOWING WELLS SCHOOL DISTRICT  
ABSENCE REPORT**

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_ Date of Absence \_\_\_\_\_

Indicate specific reason for absence by checking appropriate box.

Approved Leave	
Personal Illness	<input type="checkbox"/>
Family Illness	<input type="checkbox"/>
Jury Duty	<input type="checkbox"/>
Accident on Duty	<input type="checkbox"/>
Death in Family (relationship)	<input type="checkbox"/>

Approved Leave	
Professional Conference	<input type="checkbox"/>
Field Trip	<input type="checkbox"/>
Athletic Event	<input type="checkbox"/>
Parent Conference	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

(For Payroll Use Only)
Recorded by: _____

*I hereby certify and affirm that my absence from employment was as stated above and is a valid and accurate claim against the District as provided by policy and law to the best of my knowledge or belief.*

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Rev. 2/2011

Copy 1: Payroll

Copy 2: Employee

9-FW20010

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