PORT TOWNSEND SCHOOL DISTRICT

CERTIFICATED - Employee Absence Report

Please complete and submit to your supervisor upon returning to work.  
Absence forms must be submitted to payroll by the 15th of the month.

Employee Name [PRINT]:

If less than 1.0 or .5 Day - Please use Time Increments in decimal format at quarter hour increments: 
  ie: 15 min = .25, 30 min = .50, 45 min = .75, 60 min = 1.0 hour AND indicate “Hr” with time noted.

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Check Leave Type:  
*(Note dates by leave type only if selecting more than (1) type of leave)*

☐ - Sick Leave: _______________  
  - Includes care of a child under age 18, spouse, parents, parents-in-law, grandparents, or adult children with disabilities

☐ - Illness in Family: _______________  
  - (1) day per year – not accumulative

☐ - Personal Leave: _______________  
  - (3) Days per year at no cost to employee

☐ - Personal Leave @ cost of Substitute: _______________  
  - Personal Leave accumulates to (5) days

☐ - Jury Duty/Court Appearance: _______________  

☐ - In-Service/Training: _______________  
  - Description: IEP’s, Testing, Training, etc.

☐ - Other In-Service: _______________  
  - Description: Sports, ASB, Interviews, etc.

☐ - Emergency Leave (Reason): _______________  
  - Subject to approval of the Superintendent

☐ - Bereavement Leave: _______________  
  - Note specific Relationship to Employee/(5) days per year:

☐ - Leave without Pay (Reason): _______________

☐ - Other Leave (Description): _______________

☐ - Union/Association Leave (Description): _____________

Addition Comments:

By signing below I acknowledge and certify that the information contained on this document is true and accurate.  
Employee Signature: Date:  
Supervisor Signature: Date: