PORT TOWNSEND SCHOOL DISTRICT

CLASSIFIED - Employee Absence Report

Please complete and submit to your supervisor upon returning to work.  
*Absence forms must be submitted to payroll by the 10th of the month.*

Employee Name [PRINT]:

(Time Increments in *decimal format* at quarter hour increments: 15 min = .25, 30 min = .50, 45 min = .75, 60 min = 1.0 hour)

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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:** ______________
  - (3) days per year – accumulates to (5) days

- **Annual Leave:** ______________
  - Vacation

- **Jury Duty/Court Appearance:** ______________

- **In-Service/Training:** ______________
  - Description: Training, Meetings, 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) : ______________

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

- **Union/Association Leave** (Description) : ______________

Additional 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:

Rev: 04-2022