SCHOOL DISTRICT OF THE CITY OF YORK, PENNSYLVANIA 31 N Pershing Avenue York, PA 17401

EMPLOYEE ABSENCE REPORT

INSTRUCTIONS:

1. Employee is responsible for completing all requested information.

2. Form must be typed or written legibly in <u>BLACK</u> ink and submitted to your supervisor for approval and then sent to the office of the appropriate Assistant Superintendent where it will be recorded.

3. Form must be submitted immediately upon returning to work in cases of Sick or Funeral Leave. If sick more than five (5) consecutive days,

submit form weekly.

When requesting Personal Leave, Jury Duty and Vacation, form should be submitted at least five (5) days prior to the intended absence. In this case the form will be retained by the Assistant Superintendent's office after approval has been obtained. If not approved, employee will be notified as soon as possible via mail or telephone by your supervisor. EMPLOYEE SHALL BE CHARGED WITH PERSONAL LEAVE UNLESS THE OFFICE OF THE APPROPRIATE ASSISTANT SUPERINTENDENT IS NOTIFIED TO THE CONTRARY. THIS NOTIFICATION MUST BE IN WRITING.

Form MUST BE SIGNED BY EMPLOYEE.

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Name	Subject Taught	90,000,000
Employee ID No	Location Building Total Days	
Date (s) Absent	Total Days	
Substitute Required: Yes No If yes: S	tarting timeEnding Time	
REASON FOR ABSENCE	REASON FOR ABSENCE	
Sick	Vacation	
Family Sick	Personal	_
Funeral Leave	Jury Duty	<u>4.00</u>
Other		
*		
Eì	MPLOYEE'S SIGNATURE	DATE
*By my signature, I confirm that I have these days currently without available leave is in violation of District Policy and sh	available to me. Submission of a form tall be subject to disciplinary action.	9
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DATE RECEIVEDV	ERIFIED	
APPROVED / NOT APPROVED		
SUPERVIS	SOR'S SIGNATURE	DATE
IF NOT APPROVED, STATE REASON:		
APPROVED / NOT APPROVED		
YCSD 305 9/86Rev 5/87, 9/92, 9/97 8/98 3/99	ENDENT/DESIGNEE	DATE

PLEASE NOTE: ALL NON-INSTRUCTIONAL REPORTS SHOULD BE SENT TO THE PAYROLL DEPARTMENT IN THE BUSINESS OFFICE IMMEDIATELY UPON APPROVAL.