

EMPLOYEE ABSENCE BLANK
NOKOMIS COMMUNITY UNIT SCHOOL DISTRICT #22

(Absent employee: Please fill out name, position, date(s) absent and reason for absence)

Name: _____ Position: _____

This is to certify that I was absent from my duties for _____ day(s) on these
dates _____ due
to _____.

(This portion to be completed by school administrator)

Please deduct number of days from:

_____ sick leave

_____ personal leave

_____ vacation

_____ salary

Absence was _____ excused

Absence was _____ unexcused

Substitute name: _____

Sub should be paid at the adopted rate for _____ days

Administrator's signature: _____