

# Marion County School District

## EMPLOYEE ABSENCE REPORT

Employee Name \_\_\_\_\_ SSN (Last Four Digits) \*\*\*-\*\*-\_\_\_\_\_

Substitute Account Number: \_\_\_\_\_

Date of Absence	Amount of Leave (day: 1.0 or 0.5)	Code (below)	Signature of Substitute (if applicable)	Substitute (1.0 or .5)	Rate of Pay (D. O. USE ONLY)

Code 1 - Short Term Illness, self

Code 3 - Death in immediate family

Code 3 - Illness in immediate family

Code 4 - Personal leave

Code 5 - Paid Parental Leave

Code 6 - Jury duty or subpoena (must provide copy of subpoena or certificate from Clerk of Court)

Code 8 - Military leave (specify) \_\_\_\_\_

Code 9 - Professional leave or school business (specify) \_\_\_\_\_

Code 10 - Annual leave

Code 11 - Administrative Leave/Professional Staff: Define in Remarks per GCC-E(2)

Code 11 - Administrative Leave/Support Staff: Define in Remarks per GCC-E (2)

LWOP - Leave without pay (specify) \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

Employee Absence (check): Approved \_\_\_\_ Disapproved \_\_\_\_

\_\_\_\_\_  
School / Location

\_\_\_\_\_  
**Principal / Supervisor Signature**

\_\_\_\_\_  
**Date**

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Date Absence Recorded

**REVISED 2023**