

**EMPLOYEE ABSENTEE FORM**  
**Old Forge School District**  
**300 Marion Street, Old Forge, PA 18518**

Each employee of the Old Forge School District who was absent from work shall turn in to the school office on his/her return to work on the first working day following the absence or absences this form stating the reason for said absence.

<b>Employee Name</b> _____	<b>Date(s) of Absence</b> _____	<b>List dates</b> <u>SEPARATELY</u>	<b>Circle One</b>
_____	_____	_____ 20	<b>Full</b> <u>1/2</u> <u>AM/PM</u>
<b>Last</b> <b>First</b>		_____ 20	<b>Full</b> <u>1/2</u> <u>AM/PM</u>
		_____ 20	<b>Full</b> <u>1/2</u> <u>AM/PM</u>
<b>Reason for Absence (Check one):</b>		_____ 20	<b>Full</b> <u>1/2</u> <u>AM/PM</u>

- |  |  |
|--|--|
| _____ <b>CONFERENCE</b>                        | _____ <b>MEETING</b> (List type below)*          |
| _____ <b>DEATH – IMMEDIATE FAMILY</b>          | _____ <b>OTHER</b> (Please give details below)*  |
| _____ <b>DEATH – NEAR RELATIVE</b>             | _____ <b>PERSONAL DAY</b>                        |
| _____ <b>FIELD TRIP</b> (List location below)* | _____ <b>PROFESSIONAL DEVELOPMENT</b>            |
| _____ <b>JURY DUTY</b> (Attach documentation)  | _____ <b>SICK DAY/DR. APPT.</b> (Self or Family) |
| _____ <b>LEAVE WITHOUT PAY</b>                 | _____ <b>VACATION</b>                            |

\* You may want to expand on your reason for absence, especially if this form is to be used as proof for a future claim for insurance purposes. Give details below:

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\*\***DOCTOR’S EXCUSE** should be attached or turned in upon your return to work per the employee’s contract language. It is the employee’s responsibility to remember this doctor’s excuse and not the responsibility of the office staff to keep reminding the employee.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

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