

**WASHINGTON COUNTY DEPARTMENT OF EDUCATION  
PROFESSIONAL EMPLOYEE ABSENTEE REPORT**

**School Name:** \_\_\_\_\_

Employee Name: \_\_\_\_\_

Month: \_\_\_\_\_

Please list the dates of the absences beside the appropriate leave type. If a 1/2 day was used, this must be indicated also. For example: a half day should be listed as 8/26/18 (1/2) and a full day would be listed as 8/26/18.

**List Dates Missed below**

1 Sick Day(s) - Personal Illness \_\_\_\_\_

2 Sick Day(s) - Illness of family member \_\_\_\_\_

3 Personal Day(s) \_\_\_\_\_

4 Maternity/Adoptior \_\_\_\_\_  
(Indicate how many sick days you want to use or if it will be unpaid)

5 Jury Duty \_\_\_\_\_

6 Military Duty \_\_\_\_\_

7 Death of Family Member/Bereavement \_\_\_\_\_

Name/relationship \_\_\_\_\_

8 Professional (please list name of conference/event and date(s) missed for this)

Workshop/Conference \_\_\_\_\_

Workshop/Conference \_\_\_\_\_

Workshop/Conference \_\_\_\_\_

9 Other \_\_\_\_\_

**I certify that I was absent on the date(s) listed above.**

Signed \_\_\_\_\_  
(Employee)

Signed \_\_\_\_\_  
(Principal/Supervisor)

Substitute Teacher(s) used and dates (notate if the sub worked half day by writing 1/2 or am or pm):

_____	_____
_____	_____
_____	_____
_____	_____