

DEARBORN HEIGHTS SCHOOL DISTRICT #7

ABSENCE REPORT

Name:

School:

Position:

Date(s) of Absence

Substitute Required: A.M.

P.M.

Full Day

No sub needed

Illness: I was absent on the above date(s) due to illness or injury. Illness days used for medical/health relating to employee or employee's immediate family.

Personal Business: I will be absent on the above date(s) due to personal business (4 day prior notice).
Personal business days are to be used for those activities that are considered essential to a teacher's non-profession life and cannot be schedule during non-school hours. It is not permissible to use personal leave time for observation of religious holidays, attendance of college classes, taking extended vacation, working a part-time job, attending social functions, participation in recreational or sporting events or shopping.

School Business: I will be absent on the above date(s) for school business. *Please provide an explanation below:*

Other: *Please provide an explanation below:*

Employee Signature:

Date

ADMINISTRATIVE USE

Approval of Report:

Administrator's Signature

Date