

CLARE-GLADWIN REGIONAL EDUCATION SERVICE DISTRICT ABSENTEE REGISTER

MONTH _____ YEAR _____

NAME _____

ID# _____

TYPE OF ABSENCES:

SICK	PERSONAL BUSINESS	VACATION	BEREAVEMENT-OTHER
JURY DUTY	UNION BUSINESS	*FAMILY ILLNESS	*BEREAVEMENT-IMMEDIATE FAMILY
LOST TIME	MILITARY	*MEDICAL OR NURSING CARE	

***PLEASE INDICATE THE IMMEDIATE FAMILY MEMBER THIS PERTAINS TO:**

SPOUSE MOTHER FATHER CHILDREN: _____ OTHER: _____
NAME OF CHILD **

PLEASE INDICATE TOTAL HOURS OR A DAY IN BOXES UNDER DATE:

INDICATE TYPE OF ABSENCE IN THE BOX IF MORE THAN ONE KIND IS CHECKED ABOVE

MONDAY DATE _____	TUESDAY DATE _____	WEDNESDAY DATE _____	THURSDAY DATE _____	FRIDAY DATE _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

CURRENT SICK DAYS AVAILABLE: _____	VACATION DAYS AVAILABLE: _____
SICK DAYS USED THIS WEEK: _____	VACATION USED THIS WEEK: _____
SICK LEAVE BALANCE: _____	VACATION BALANCE: _____
	PERSONAL BUSINESS DAYS _____
	PERSONAL USED _____
	PERSONAL BALANCE: _____

**** NEEDED IN MULTIPLE CHILD FAMILY CASES ONLY, OTHERWISE SIMPLY CHECK THE BOX**

BE SURE TO PRINT AN EXTRA COPY OF THIS FORM FOR YOUR OWN RECORDS