P2

EMPLOYEE ABSENCE

Community Education Directors

No. of days_____ Dates _____

Reason _____

Name_____ School Community Education

Position _____

_____ _____

Employee's Signature Community Ed Director's Signature

PAYROLL RECORD:

PL	Personal leave	SL	Sick leave (self)
SF	Sick family	SF	Sick outside home (where obligation warrants)
NP	Absence without pay	VA	Vacation
IN	In-Service or Conference	FI	Funeral immediate family
FO	Funeral - Other (Sick Leave)		Relationship:_____
WC	Worker's Compensation	JURY	Jury duty

Rev. 2/00

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