



WELLPINIT SCHOOL DISTRICT #49

PO Box 390 / 6270 Ford-Wellpinit Road Wellpinit WA 99040
 Telephone: (509) 258.4535 Fax: (509) 258.7378

Staff Report of Absence

Must be Completed for Any Absence from School

Name of Employee _____

Job Description:			
<input type="checkbox"/> Teacher	<input type="checkbox"/> Instructional Aide	<input type="checkbox"/> Head Cook	
<input type="checkbox"/> Principal	<input type="checkbox"/> School Admin. Asst.	<input type="checkbox"/> Assistant Cook	
<input type="checkbox"/> Superintendent	<input type="checkbox"/> Business Manager	<input type="checkbox"/> Custodian Supervisor	
<input type="checkbox"/> _____	<input type="checkbox"/> I.T./I.S.	<input type="checkbox"/> Custodian	
	<input type="checkbox"/> _____	<input type="checkbox"/> Maintenance	
		<input type="checkbox"/> Bus Driver	
Absence Period: _____			
Month	Day(s)	Year	Total Hrs.
Reason for Absence:			
<input type="checkbox"/> Sick	<input type="checkbox"/> Personal	<input type="checkbox"/> Association	Name _____
<input type="checkbox"/> Death in Family Relationship _____	<input type="checkbox"/> Jury Duty/Court (Please attach documentation)	<input type="checkbox"/> Meeting – Job Related (Attach documentation)	
Please mark one.	<input type="checkbox"/> Sick Leave Sharing	Program/Grant _____	
<input type="checkbox"/> Personal Leave	Name Of Employee _____	<input type="checkbox"/> Travel – Job Related (Attach documentation)	
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Vacation	Program/Grant _____	
<input type="checkbox"/> Bereavement			
<input type="checkbox"/> Leave – Approved Without Pay			
_____ Employee Signature		_____ Date	
_____ Supervisor's Signature		_____ Date	

**Please have Supervisor Sign before sending to the Business Office.
 Thank you.**