

ST. BERNARD ELMWOOD PLACE CITY SCHOOLS  
REPORT OF EMPLOYEE ABSENCE

This form must be filed within 5 days upon return to work. Please fill in all applicable lines.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Location Assignment: \_\_\_\_\_ HS \_\_\_\_\_ SBE \_\_\_\_\_ EPE \_\_\_\_\_ CO \_\_\_\_\_

DATE(S) ABSENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substitute's Name: \_\_\_\_\_

If absent a partial day, indicate times: \_\_\_\_\_

TOTAL DAYS ABSENT \_\_\_\_\_

REASON FOR ABSENCE

\_\_\_\_ 1. Sick leave due to:

\_\_\_\_ a. personal illness or injury  
physician's name \_\_\_\_\_  
date consulted \_\_\_\_\_

\_\_\_\_ b. illness or injury in immediate family  
relationship \_\_\_\_\_

\_\_\_\_ c. death in immediate family  
relationship \_\_\_\_\_

\_\_\_\_ 2. Jury Duty/Court Subpoena (Not deducted from sick leave or emergency/personal leave)

\_\_\_\_ 3. Professional Meeting (Do not attach receipts for reimbursement to this form)

\_\_\_\_ 4. Vacation

NOTE: Emergency Leave should be reported on the Emergency Leave Form.

\_\_\_\_\_  
Signature of Employee

Falsification of this statement is grounds for suspension or termination of employment under Sections 3319.081 and 3319.16 of the Ohio Revised Code.

\_\_\_\_ approved \_\_\_\_\_ disapproved

Reason disapproved \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor