

# DEFIANCE CITY SCHOOLS

## Cause of Absence

INSTRUCTIONS: This form must be signed and returned to your supervisor immediately upon return to work. On the correct date of absence, please indicate the letter that corresponds with the type of absence, along with the hours absent for that day. Example:

12
A 6.75

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

- |  |  |
|--|--|
| <p><b>A.</b> Sick Leave (attach doctor's slip as outlined in Master Agreement)</p> <p>_____ Self</p> <p>_____ Illness in family Relationship _____</p> <p>_____ Death in family Relationship _____</p> <p><b>B.</b> Personal Leave</p> | <p><b>C.</b> Professional Leave</p> <p><b>D.</b> Jury Duty (attach copy of Certificate of Jury Service)<br/>(Fees received must be reimbursed to DCS.)</p> <p><b>E.</b> Pay Deduct</p> <p><b>F.</b> Vacation (12-month, eligible employees only)</p> |
|--|--|

Check when entered in AESOP: \_\_\_\_\_  
(Certificated staff only)

Copy request, once approved. Check one: \_\_\_\_\_ Yes, I would like a copy for my records. \_\_\_\_\_ No, I do not need a copy.  
(No copy will be provided unless indicated.)

I certify that the above information is correct and that I was unable to perform the duties of my position and hereby make application for pay in conformity with school board rules and regulations.

Employee ID#: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Recorded in Business Office: \_\_\_\_\_

Date: \_\_\_\_\_