

Butler Area School District
110 Campus Lane
Butler, PA 16001
EMPLOYEES REPORT OF ABSENCE
To be completed and submitted to Building Principal or Supervisor

BUILDING _____

DATE _____

(A) Dates of Absence
 (List individual dates)

The number of days reported in
 Columns A and B must equal

(B) Type of Absence

Days

_____ Sick Day

_____ Illness in Immediate Family _____
Son, Daughter, Mother, Father, etc.

_____ Personal Leave Day (Signed request from the Principal attached)

_____ Personal Emergency Day (SEIU Local 3 Only)

_____ Vacation

_____ Days Without Pay (Signed letter from Dr. White attached)

_____ Floating Holiday (SEIU Local 3 Only)

_____ Bereavement _____
Aunt, Uncle, Cousin, etc.

_____ Conference, Seminar, Workshop, Meeting _____

_____ Other _____

I hereby make application for salary allowance in accordance with the regulations printed in the contract manual. I verify that I have reviewed the information contained herein and certify the same to be true and correct. I understand that the submission of a false or inaccurate employee's report of absence could result in disciplinary action.

NAME (Printed) _____

SIGNATURE _____

The Administration acknowledges receipt of this absence sheet. Said acknowledgment does not constitute verification of the information contained herein.	Supv.	Prin.	Dir. of Bus. Srvc.	Asst. Supt.	Supt.

PERSONAL ILLNESS – PHYSICIAN’S CERTIFICATE

This is to certify that I attended the above employee and that he or she was unable, on account of his or her own illness, to properly attend to his or her respective school duties on the date(s) indicated.

Date disability began _____

Date disability ended _____

Date _____ Signature _____ M.D.
 Physician

ILLNESS IN FAMILY – PHYSICIAN’S CERTIFICATE

This is to certify that I attended _____, a near relative of the employee, and that the illness of the relative required the presence of the employee on _____ (date or dates).

Date _____ Signature _____ M.D.
 Physician