

**QUITMAN SCHOOL DISTRICT
ABSENCE FORM FOR FACULTY AND STAFF**

TO: DIRECTOR OF FINANCE

DATE: _____

FROM: _____

SCHOOL: _____

This is to certify that I was absent from school for _____ days on the following date(s): _____

The reason for my absence was:

A. Illness (check one) Self Family (**indicate relationship**) _____

B. Personal Personal Personal Professional (**not district directed**)

C. Bereavement

Check One:

Sick Leave (limited to 3 consecutive days) Personal Leave

D. Other - Explain any absence in detail which cannot be assigned to any of the above categories including district-directed absence for school-related purposes.

Substitute required **Substitute not required**

Signature of Faculty/Staff Member

Name of substitute: _____ Date(s) worked: _____

Address: _____ Social Security Number: _____

Signature of Principal/Supervisor: _____ Date: _____

If the time absent is for three (3) or more consecutive days for the school day immediately prior to and/or following a school holiday, board policy requires a certificate from a doctor or other medical or dental practitioner as the cause of the absence. The certificate may be attached to this form. Failure to provide such a certificate when required will result in classification of absence as **OTHER**, with appropriate action taken by the Finance Department against the salary of the members.