

**THORNTON TOWNSHIP HIGH SCHOOLS
DISTRICT 205
EMPLOYEE ABSENCE REPORT FORM**

Employee Name: _____

Location: _____

Administrator Manager/Coordinator/Supervisor Administrative Assistant

Type of Absence Requested:

Vacation day(s): _____ Sick day(s): _____ Personal day(s): _____

Floater day(s): _____ Comp-Time Hrs: _____ School Business: _____

Buy back day(s): _____

Dates of Absence(s): _____

Reason(s) for Absence:

1. *To be completed by each individual or his/her supervisor immediate supervisor prior to each absence that is to be charged as a "vacation" day.*
2. *Sick days are to be reported by each individual or his/her immediate supervisor within 3 days of return to work. After three days of absence the employee is required to furnish a physician's certificate.*

Employee Signature

Date

ADMINISTRATOR APPROVAL

Approved

Denied

Comments:

Administrator Signature

Date

Completed forms should be sent to
the Human Resources Office.