

*Thornton Township High Schools
District 205
Buildings and Grounds
Absence Report Form*

Employee Name: _____

Location: _____

Type of Absence Requested:

Vacation Day(s): _____

Sick Day(s): _____

Personal Day(s): _____

Floater Day(s): _____

Date of Absence(s): _____

Reason for Absence:

1. To be completed by each individual or his/her 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.

Employee Signature

Date:

Supervisor Signature

Date:

Administrator Approval

Approved

Denied

Comments:

Administrator Signature

Date:

Completed forms should be sent to
Ms. Pamela Horton in the Buildings and Grounds Office.