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.