

Gasconade County R-I School District
Hermann, MO

Staff Record of Absence

Please use this form to claim payment for sick or vacation days by filling out the information requested and getting approval. Please claim each leave at the time taken.

NOTE: USE THE PERSONAL LEAVE FORM TO REQUEST PAID PERSONAL LEAVE.

Name: _____

Today's Date: _____

I claim the following date(s) as paid leave (indicate sick or vacation).

<u>Date</u>	<u>Reason for Absence</u>
_____	_____
_____	_____
_____	_____
_____	_____

Employee Signature: _____

Approved by: _____

Date Approved: _____

Substitute Scheduled (if applicable): _____

Return to Superintendent's Office when complete.