

**PERSONNEL ABSENCE REPORT  
CLAY COUNTY SCHOOLS**

NAME OF SCHOOL: \_\_\_\_\_

SCHOOL MONTH: FROM \_\_\_\_\_ TO \_\_\_\_\_, \_\_\_\_\_

NAMES OF PERSONNEL	DATE OF ABSENCE	NUMBER OF DAYS	CHECK REASON		
			PERSONAL LEAVE	SICK LEAVE	OFF WITHOUT PAY
<b>PLEASE PUT ALL STAFF IN ALPHABETICAL ORDER AND ATTACH SICK LEAVE FORM WITH THIS SHEET. ONE SICK LEAVE FORM FOR EACH EMPLOYEE PER TIME PERIOD FOR ALL DAYS MISSED. <u>DO NOT STAPLE SICK LEAVE SHEET TO TIME SHEETS.</u></b>					
<b>TOTALS OF THIS PAGE</b>					

**TURN THIS FORM IN TO THE BOARD OFFICE AT THE END OF EACH SCHOOL MONTH.**

DATE: \_\_\_\_\_

Immediate Supervisor