STONINGTON PUBLIC SCHOOLS
ABSENTEE FORM
Absence forms are due to the administration office on the day after the employee has returned to work or on every Friday in case of a prolonged absence.

WAS ABSENT

FROM ___________________________ TO ___________________________
(Date of Absence) (Date of Return)

A TOTAL OF ________________ DAYS

SUBSTITUTE(S) ON DUTY

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

SIGNATURE/DATE
(Employee)

SIGNATURE/DATE
(Supervisor/Principal/Superintendent)

* Please specify: 1) Professional Service
(Committee/Curriculum work)

2) Professional Development
(workshop/conference)

3) Family Sick Time
(specify immediate family member relationship)

4) Bereavement
(specify immediate family member relationship)

5) Legal Day
(provide date approved by Superintendent)

6) Sick Day

7) Personal Day

8) Vacation Day

9) Other

Revised 06/10/09