

SCHOOL: _____

EMPLOYEE NO.: _____

**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
