

BAY CITY PUBLIC SCHOOLS EMPLOYEES' REASON FOR ABSENCE FORM

THIS FORM IS TO BE COMPLETED BY **ALL EMPLOYEES**
ON THE DAY FOLLOWING AN ABSENCE

Complete and submit to your principal/immediate supervisor.

I was absent on _____
(month) (specific dates) (year)

for the following reason (check one):

- | | |
|--|---|
| <input type="checkbox"/> A - Court Appearance | <input type="checkbox"/> K - Leave of Absence |
| <input type="checkbox"/> B - Business Day | <input type="checkbox"/> L - Lost Time/Dock Days |
| <input type="checkbox"/> C - Workers' Compensation | <input type="checkbox"/> M - Maternity Sick Leave |
| <input type="checkbox"/> D - Funeral | <input type="checkbox"/> P - Bargaining Unit Day |
| <input type="checkbox"/> E - Emergency Day | <input type="checkbox"/> R - Released Time |
| <input type="checkbox"/> F - Critical Illness Immediate Family | <input type="checkbox"/> S - Sick Leave Bank |
| <input type="checkbox"/> H - Holiday | <input type="checkbox"/> T - Compensatory Time |
| <input type="checkbox"/> I - Personal Illness | <input type="checkbox"/> V - Vacation |
| <input type="checkbox"/> J - Jury Duty | <input type="checkbox"/> X - School Related Meeting |

COMMENTS: (Please state specifics of reason for absence)

Please Print Employee's Name

Building

Employee's Signature

Date Submitted

Principal/Immediate Supervisor Signature

Director of Human Resources/Labor Relations

Submit to Human Resources