

CHESTERFIELD COUNTY SCHOOL DISTRICT ABSENT EMPLOYEE/SUBSTITUTE REPORT

Absent Employee

Soc. Sec. Number	XXX	XX	
Name:			
School/Location:			

Note: This form can be processed only with the name as listed on your paycheck.

Substitute

Soc. Sec. Number	XXX	XX	
Name:			
Bachelors Degree? () Yes () No			
Certified as teacher? () Yes () No			
Teacher Substitutes: Did you attend the substitute teacher workshop? () Yes () No			

Signature of Substitute

Date

For substitutes of ***non-certified*** employees, the number of ***hours*** worked ***must*** be entered.

Date of Absence	Leave Days (.5 or 1.0)	Sub Payment Days or Hours	Code	Nature of illness or reason for absence: <input type="checkbox"/>
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	.	.	.	
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	.	.	.	

For employees paid hourly wages, enter number of hours. Example: If 8 hours, enter 8.0; if 3 ½ hours, enter 3.5. For employees paid daily rate, enter 1.0 for full or .5 for ½ day.

- Code 1 - Illness of employee
- Code 2 - Personal leave
- Code 3 - Professional leave or school business
- Code 4 - Illness in immediate family – Specify relationship _____
- Code 5 - Vacant position
- Code 6 - Vacation
- Code 7 - Death in immediate family - Specify relationship _____
- Code 8 - Jury duty
- Code 9 - Military Duty
- Code 10 - Long-term illness
- Code 11 – Compensatory Time
- Code 14 – Evaluation
- Code 15 – Workers’ Compensation
- Code 22 – Do Not Allow
- Code 23 – Do Not Apply Sick Leave
- Code 77 – Furlough

NOTE: Personal leave will generally not be granted during the first five (5) days and last five (5) days of student attendance of the school year, on staff development days, or the day before or immediately after a holiday. Doing so may result in payroll deduction.

I have noted the above Personal Leave Policy and understand I will be docked for taking leave during this time _____ (please initial)

PLEASE CHECK

- | | | | | |
|-------------------|-----------------|---------------|------------------|--------------|
| () Administrator | () Aide | () Custodian | () Food Service | () Guidance |
| () Maid | () Maintenance | () Nurse | () Secretary | () Teacher |
| () Other _____ | | | | |

Signature of Absent Employee

Date

() Approved () Disapproved

If disapproved, please give reason/comments:

Signature of Immediate Supervisor

Date