

**AUGLAIZE COUNTY EDUCATIONAL SERVICE CENTER
REPORT OF ABSENCE - CERTIFIED/NON-CERTIFIED EMPLOYEES**

Must be **completed 24 hours** after employee returns to work. Treasurers cannot legally pay employees claiming sick leave, unless this form has been properly completed and approved. This form is required to comply with the Ohio Revised Code. If you are an hourly (classified) employee, please record your absence in number of hours.

EMPLOYEE: _____ Total Number of Days/Hours: _____

Building (unit) work: _____ Job Position: _____

REASON FOR ABSENCE:

1. Personal Illness/doctor appt.: _____
Day and Date (s)
2. Member of Family Illness/doctor appt.: _____ Relationship: _____
Day and Date (s)
3. Death in Family: _____ Relationship: _____
Day and Date (s)
4. Personal Leave: (Must be approved **three** days in advance) _____
Day and Date (s)
5. Professional Meeting: _____
(Description or Title of Activity) Day and Date (s)
6. Vacation: (for 11 & 12 month employees only) _____
Date (s)
7. Other: _____ Explain: _____

How many days (certified staff) or hours (classified staff) of absence listed above should be charged to the following:

	<u>Days (certified staff)</u>	<u>Hours (classified staff)</u>
1. Sick Leave: _____		
2. Personal Leave: _____		
3. Deducted From Paycheck: _____		
4. Vacation Leave: _____ (for 11 & 12 month employees only)		

Employee Signature: _____ Date: _____



APPROVAL:

Supervisor: _____ Date: _____

Superintendent: _____ Date: _____



SUBSTITUTE: Name of Substitute: _____