

SCHOOL DISTRICT OF UPPER DUBLIN
1580 Fort Washington Avenue
Maple Glen, PA 19002

EMPLOYEE ABSENCE REPORT

Employee Name

Substitute Name

Date of Absence

Half Day

Full Day

REASON FOR ABSENCE: Please mark the appropriate space.

_____ Illness (Nature of Illness) _____

_____ Illness in Family (3 days permitted for UDEA employees)
(2 days permitted for other employees)

_____ Death (Relationship of Deceased must be noted) _____

_____ Personal (In conformance with negotiated contract)

_____ Religious (Please note the religious observance) _____

_____ Vacation (Twelve month employees only)

_____ Conference

_____ Field Trip

_____ Meeting

_____ Other _____

I certify that my absence on the date (s) noted above was for the reason indicated.

Date

Employee Signature

Please complete and return form to the Principal's Office.