

## USD 489 Classified/Certified Absentee Report

**Name:** \_\_\_\_\_

**Date(s) Absent:** \_\_\_\_\_

Full Day \_\_\_\_\_ 1/2 Day \_\_\_\_\_

**Substitute's Name:** \_\_\_\_\_  
*(if applicable)*

**Type of Leave:** Illness \_\_\_\_\_

Personal Leave \_\_\_\_\_

Sick Leave used for Serious Illness of Distant Relative or Friend

Degree of Relationship \_\_\_\_\_

Sick Leave used for Funeral of Distant Relative or Friend

Degree of Relationship \_\_\_\_\_

Business Leave \_\_\_\_\_

Vacation \_\_\_\_\_

Other Nonpaid Leave \_\_\_\_\_

Funeral of Relative \_\_\_\_\_

Degree of Relationship \_\_\_\_\_

Serious Illness of Relative \_\_\_\_\_

Degree of Relationship \_\_\_\_\_

Professional Meeting \_\_\_\_\_

Other Paid Leave: \_\_\_\_\_

School Visitations \_\_\_\_\_

Jury Duty \_\_\_\_\_

Student Activities \_\_\_\_\_

Other \_\_\_\_\_

*(Reason)*

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**Employee Signature:** \_\_\_\_\_