SICK LEAVE
REPORTING FORM

INSTRUCTIONS: Each principal is to fill out two copies of this form for each employee absence. One copy is to be turned in to the Central Office and one copy is to be maintained in the principal's office.

EMPLOYEE'S NAME _____

DATE(S) OF ABSENCE _____

TOTAL HOURS THIS ABSENCE _____

TOTAL CONSECUTIVE DAYS THIS ABSENCE _____

REASON FOR ABSENCE _____

_____

I hereby certify that the above is true and correct and that deductions from accumulated total Sick Leave as defined in Board Policy GARI-R shall be made.

_____ _____

PRINCIPAL **EMPLOYEE**