

Danville Local Schools Absence Report

Actual Date(s) Missed: _____

Please List the Number of Days Charged to.

Sick Leave _____ Personal Leave _____ Vacation _____

Jury Duty _____ Professional Leave _____ Dock Days _____

Other _____
(List Reason)

Occupational Reasons (due to OSHA illness and/or injury - describe the job related illness - use the doctor's description of the illness)

Name of Substitute

Signature of Employee

Date

Signature of Principal/Supervisor

Date

Long Distance Phone #'s called to retain substitute _____, _____, _____

Rev Date 2/28/20