



# WAYNE LOCAL SCHOOL DISTRICT STAFF ABSENCE FORM

EMPLOYEE NAME: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

Department:

- Transportation       Custodian/Maintenance       Cafeteria

**DATES OF ABSENCE/S:** \_\_\_\_\_

\*Please check one of the following:

- Full day/s (1)       Half day (1/2)       Quarter day (1/4)

*\*Please note – a Full Day is your regular work day; a Half Day is half the number of hours you work in a day, etc.*

**CHECK TYPE OF LEAVE TO BE USED. ONE TYPE OF LEAVE PER FORM:**

- SICK LEAVE** - 3 or more sick days require a note from your physician.  
5 or more days require an FMLA application – please contact the Treasurer’s office
- PERSONAL BUSINESS LEAVE**
- VACATION LEAVE** (for 12 month employees only)
- PROFESSIONAL ABSENCE** (approved for professional day)
- UNPAID LEAVE**
- JURY DUTY OR SUBPOENA** (must provide documentation)

SIGNATURE OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF SUPERVISOR: \_\_\_\_\_