FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER

Report of Absences

Name of Employee_____

Each employee who is absent at any time must complete this form and submit it to the ESC assistant treasurer. **Do not list dates from two separate months on the same form.**

I CERTIFY THAT I WAS ABSENT DUE TO THE FOLLOWING REASON(S):

REASON FOR ABSENCE	**X**	**DATES OF ABSENCE**	**TOTAL DAYS**
SICK LEAVE			
A. Personal illness or injury			
B. Illness in immediate family			
C. Death in immediate family			
D. Other (specify): _____ _____			
*VACATION LEAVE			
*PERSONAL LEAVE			
**WORK AT HOME			
JURY DUTY			

*Requires Superintendent's signature **before** use.
**Requires Superintendent's signature.

_____ _____
Signature of Employee Date

If medical attention was required for sick leave, complete the following:

_____ _____
Name and address of attending physician Date(s) Consulted

_____APPROVED _____DENIED

_____ _____
Signature of Superintendent Date

An Equal Opportunities Employer Rev. 9/01