



# WELLPINIT SCHOOL DISTRICT #49

PO Box 390 / 6270 Ford-Wellpinit Road Wellpinit WA 99040  
 Telephone: (509) 258.4535 Fax: (509) 258.7378

## Staff Report of Absence

Must Be Completed For Any Absence From School

\_\_\_\_\_  
 Name of Employee

<b>Job Description:</b>			
<input type="checkbox"/> Teacher <input type="checkbox"/> Principal <input type="checkbox"/> Superintendent <input type="checkbox"/> _____	<input type="checkbox"/> Instructional Aide <input type="checkbox"/> School Admin. Asst. <input type="checkbox"/> Business Manager <input type="checkbox"/> I.T./I.S. <input type="checkbox"/> _____	<input type="checkbox"/> Head Cook <input type="checkbox"/> Assistant Cook <input type="checkbox"/> Custodian Supervisor <input type="checkbox"/> Custodian <input type="checkbox"/> Maintenance <input type="checkbox"/> Bus Driver	
<b>Absence Period:</b> _____			
Month	Day(s)	Year	Total Hrs.
<b>Reason for Absence:</b>			
<input type="checkbox"/> Sick  <input type="checkbox"/> Death in Family Relationship _____ <small>Please mark one.</small> <input type="checkbox"/> Personal Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Bereavement	<input type="checkbox"/> Personal  <input type="checkbox"/> Jury Duty/Court (Please attach documentation)  <input type="checkbox"/> Sick Leave Sharing <small>Name Of Employee</small> _____  <input type="checkbox"/> Vacation	<input type="checkbox"/> Association <small>Name</small> _____  <input type="checkbox"/> Meeting – Job Related  <small>Program/Grant</small> _____ (Attach documentation)  <input type="checkbox"/> Travel – Job Related  <small>Program/Grant</small> _____ (Attach documentation)	
<input type="checkbox"/> Leave – Approved Without Pay			
_____ <b>Employee Signature</b>		_____ <b>Date</b>	
_____ <b>Supervisor's Signature</b>		_____ <b>Date</b>	

**Please have Supervisor Sign before sending to the Business Office.  
 Thank you.**