



# 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

**Job Description:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Teacher        | <input type="checkbox"/> Instructional Aide  | <input type="checkbox"/> Head Cook            |
| <input type="checkbox"/> Principal      | <input type="checkbox"/> School Admin. Asst. | <input type="checkbox"/> Assistant Cook       |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Business Manager    | <input type="checkbox"/> Custodian Supervisor |
| <input type="checkbox"/> Alternative    | <input type="checkbox"/> I.T. / I.S.         | <input type="checkbox"/> Custodian            |
| <input type="checkbox"/> _____          | <input type="checkbox"/> _____               | <input type="checkbox"/> Maintenance          |
|   |  | <input type="checkbox"/> Bus Driver           |

**Absence Period:** \_\_\_\_\_  
Month Day(s) Year Total Hrs.

**Reason for Absence:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sick                         | <input type="checkbox"/> Personal           | <input type="checkbox"/> Vacation              |
| <input type="checkbox"/> Family Illness               | <input type="checkbox"/> Discipline         | <input type="checkbox"/> Association           |
| <input type="checkbox"/> Medical - Self               | <input type="checkbox"/> Jury Duty/Court    | <input type="checkbox"/> Meeting – Job Related |
| <input type="checkbox"/> Medical - Family             | <input type="checkbox"/> Sick Leave Sharing | <input type="checkbox"/> Trip – Job Related    |
| <input type="checkbox"/> Accident – Non-Job Related   | Name Of Employee _____                      | <input type="checkbox"/> Death In Family       |
| <input type="checkbox"/> Leave – Approved Without Pay |   | Relationship _____                             |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

***Must have Supervisor's Signature Before turning in to top holder (In Box attached to door) at the Business Office.***