

EAST ORANGE SCHOOL DISTRICT
EAST ORANGE, NEW JERSEY
EMPLOYEE ABSENCE REPORT

GENERAL INSTRUCTIONS: All employees must complete this form immediately upon return to work after an absence. All copies should be submitted to the principal, director, or supervisor.

SECTION TO BE COMPLETED BY EMPLOYEE

Name: _____ Emp. ID#: _____

Position: _____ School or Dept. _____

Dates of Absence: _____ Total Number of Days This Absence: _____

Reason for Absence (Be Specific): _____

For absences because of personal illness or illnesses in the family totaling four (4) or more consecutive school days, the employee must file a physician's certificate with the principal, director, or supervisor. The Board reserves the right to require a physician's certificate after one (1) day's absence because of illness or illness in the family.

I certify that the above reason given for my absence is true.

Date

Employee Signature

SECTION TO BE COMPLETED BY PRINCIPAL, DIRECTOR, OR SUPERVISOR

Date Received: _____

PLEASE CHECK THE APPROPRIATE REASON BELOW

- | | |
|--|--|
| <input type="checkbox"/> Personal Illness (S) | <input type="checkbox"/> Public Obligation |
| <input type="checkbox"/> Critical Family Illness (F) | <input type="checkbox"/> College Graduation (G) |
| <input type="checkbox"/> Death in Family (D) | <input type="checkbox"/> Military Reserve Training (M) |
| <input type="checkbox"/> Quarantine (Q) | <input type="checkbox"/> Professional Purposes (R) |
| <input type="checkbox"/> Personal Leave (P) | <input type="checkbox"/> Authorized Vacation (V) |
| <input type="checkbox"/> Other (Specify) (O) _____ | |

I hereby certify that I have no information or reason to disbelieve the above given reason for absence.

Date

Signature of Principal, Director, Supervisor, or Manager

WAS A SUBSTITUTE REQUIRED?

YES NO

This form is to remain in the employee's **school/location file**.
It should **NOT** be forwarded to the Division of Labor Relations & Employment Services.