



Administrative Absence Report

Please fill out this report on the first day following your return to work.

Name _____
(Print name)

Location BMS CH EAC MH TI TR WAJ

Date(s) Absent: _____

Fraction of day: _____

Whole day _____ Number of whole days: _____

- Sick Leave
- Vacation
- Jury Duty
- Personal Leave
- School Business _____
- Bereavement (specify relationship) _____
- Other – explain any other type _____
- _____
- _____

Employee Signature

Date