

EMPLOYEE REPORT OF ABSENCE
LOMEGA PUBLIC SCHOOLS

DATE _____

SUBSTITUTUE _____

NAME _____

CERTIFIED _____

TIME OFF: All Day _____

NON-CERTIFIED _____

½ Day _____

Sick Leave _____

PAY: All Day _____

Personal Leave _____

½ Day _____

Emergency Leave _____

3/7 Day _____

School Business _____

4/7 Day _____

Comments: _____

Employee's Signature

Principal's Signature