

KNOX COUNTY SCHOOLS
ABSENCE FORM

Employee Name _____
Social Security Number or Employee Number _____
School or Location _____
Grade/Subject/Department _____
Number of Days Absent _____
Date(s) of Absence(s) (specify half-days absent) _____

Absences for reasons not authorized by the Board of Education's policies shall result in deduction of pay and may result in termination of services. In order to receive credit toward tenure for certified personnel only, a year is defined as a minimum of 160 paid contract days.

The requested leave: required a substitute did not require a substitute

Type of leave (you must check one of the boxes below): You must fill out a separate form for each different type of leave.

- | | |
|---|--|
| <input type="checkbox"/> Sick (1) | <input type="checkbox"/> Unpaid Leave |
| <input type="checkbox"/> Sick Bank (S) | <input type="checkbox"/> *Administrative Leave without pay (B) |
| <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Professional Leave (P) |
| <input type="checkbox"/> Comp | <input type="checkbox"/> Non-Certified Workshop/Training/Off-Campus Trip, etc. (Q) |
| <input type="checkbox"/> Worker's Compensation (W) | <input type="checkbox"/> *Personal (2) |
| <input type="checkbox"/> Assault (X) | <input type="checkbox"/> *Vacation (3) |
| <input type="checkbox"/> *Administrative Leave with pay (A) | <input type="checkbox"/> Association Leave (L) |

If a substitute was used, the following information must be completed.

Substitute Employee's Name	_____
Substitute's Social Security Number	_____
Number of Days Worked	_____
Dates Worked (specify half-days)	_____
School Number	_____
Substitute Employee's Signature	_____

This form must be used to report each absence of all employees whether a substitute is used or not. **This includes in-service days.**

*If the absence is due to Personal Leave or Vacation, an approved copy of the request form **shall** accompany this absence form. Personal Leave **cannot** be substituted for overdrawn sick leave. If Administrative Leave (with or without pay) is reported, this absence **shall** have prior approval from the Superintendent's Office.

Employee Signature _____ Date _____

Supervisor/Principal _____ Date _____

Original – Payroll Office
Copy – Absent Employee
Copy – School
Copy – Substitute