



POLAND CSD ABSENCE FORM

STEP 1: ALL EMPLOYEES

Today's Date: _____ Date of Absence: _____ 2024 2025
Circle Year

Employee's First Name: _____ Last Name: _____

Start/End Time of Absence: _____

Time Substitute is Needed: _____

Employee's Signature: _____

STEP 2: ONLY FOR STAFF WITHOUT AESOP/ FRONTLINE ACCOUNT FOR SUB CALLING

If an absence is sick time, the form is complete after marking the sick time in the gray box.

Choose one of these:

Sick time for me: ☐ YES

Sick time for family: ☐ YES

FMLA Time: ☐ YES

Advance notice of sick time is encouraged for hiring substitute coverage. An employee who does not complete the form in advance of an absence (due to illness), must complete the form immediately upon return to work.

Submit your form to the person who completes/submits payroll or to the Business Office.

★ STEP 3: FOR STAFF WITH AN ABSENCE THAT IS NOT SICK TIME AND & PCS AIDES, CSEA, AND CLERICAL STAFF WITH EARNED VACATION TIME

☐ Personal (urgent or legal business) ☐ Vacation ☐ Jury Duty ☐ Bereavement for: _____

☐ Approved ☐ Rejected Supervisor's Signature _____ Date _____, 2024 2025
Circle Year

☐ Other Personal Absence A Personal Day that does not meet contract specification may be allowed by the Superintendent.

Explain Situation: _____

NO vacation day requests or personal (other use) requests are to be scanned or deemed "approved" without a supervisor AND superintendent signature.

SUPERINTENDENT'S DISPOSITION: (This is necessary when absence is Personal (other) or a Vacation Day.

☐ Approved ☐ Rejected Superintendent's Signature _____ Date _____, 2024 2025

Employee Sent Copy by _____ Date: _____, 2024 2025

Original Form: Business Office
Scan/PaperCopy to Employee
Revised 2024/LD