

Phone 785-543-2149

North Central Kansas Special Education Cooperative

P.O. Box 369, Phillipsburg, KS 67661

REVISED: 03/11

Fax 785-543-6654

ABSENCE REPORT

Name _____ USD _____ Elem MS HS

Dates Absent _____

Certified Staff:

Full Day Half Day Quarter Day

Paras & Hourly Employees:

Number of Hours Absent _____

Reason for Absence:

Sick Leave

Bereavement/Funeral

Personal Leave

FMLA

Other _____

Inservice/Professional Training: _____

Mileage \$_____ or _____ Driving USD Vehicle

*Certified Staff, Please fill out the PDP ToolBox Form on-line for Inservice/Professional Training.

Substitute Needed? _____

Employee Signature/Date

Employee Email Address

Principal Signature

NCKSEC Director Signature

Office Use

√ Account Number

Leave Approved		
NOT Approved		
Mileage Approved		
Sub Approved		

When you are absent from your job for any reason, you **MUST** fill out an Absence Report and fax/send it to NCKSEC.