

Phone 785-543-2149

North Central Kansas Special Education Cooperative
P.O. Box 369, Phillipsburg, KS 67661

REVISED: 06/11
Fax 785-543-6654

ABSENCE REPORT

Name _____ USD _____ Elem MS HS

Date(s) 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 _____

_____ Classified/Hourly Inservice Title: _____
 Mileage \$ _____ or _____ Driving USD Vehicle
 Motel Name: _____ Arrive _____ Depart _____
 City _____ Phone: _____ Meals \$ _____

Certified Staff, Please fill out the PDP ToolBox on-line Form for Professional/Inservice Leave. www.pdptoolbox.org

Substitute Needed? _____

Employee Signature/Date

Employee Email Address

Principal Signature

NCKSEC Director Signature

<i>Office Use</i>	<i>✓</i>	<i>Account Number</i>
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.