

EMPLOYEE NAME _____ **SCHOOL DISTRICT USD #** _____

SUPERVISING TEACHER _____ **ES MS/JH HS MONTH ENDING** _____ **20** _____

***** Leave/Absence Reports must be faxed or mailed to NCKSEC for all absences:*****
Sick, Bereavement, Personal, Professional/Inservice, Jury Duty, District Sub, Vacation or any Other Absence.

Week of:		Monday		Tuesday		Wednesday		Thursday		Friday		Weekly	Date & Reason for Absence
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Totals	
AM	IN												
	OUT												
PM	IN												
	OUT												
Daily Totals													
Week of:		Monday		Tuesday		Wednesday		Thursday		Friday			
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.		***
AM	IN												
	OUT												
PM	IN												
	OUT												
Daily Totals													
Week of:		Monday		Tuesday		Wednesday		Thursday		Friday			
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.		***
AM	IN												
	OUT												
PM	IN												
	OUT												
Daily Totals													
Week of:		Monday		Tuesday		Wednesday		Thursday		Friday			
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.		***
AM	IN												
	OUT												
PM	IN												
	OUT												
Daily Totals													

In order that we may comply with the Wage-Hour Law, each employee is required to fill in the time worked each day and turn in this sheet at the end of the month. If called away during working hours, notation of this time should be made in the reason for absence column.

Monthly Total

Employee Signature _____

Please fax to NCKSEC on the last working day of the month.

Administrator Signature _____