



Blackhawk

School District

BESPA Absence from Duty Report

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Please forward a hard copy of this document to your building principal.

Please submit this form to your building principal immediately upon your return to work.

Name: _____

Please check appropriate reason for absence and ½ day (if applicable).

Please type all dates of absence next to appropriate reason.

<u>Personal</u>	<u>Full Day Absence</u>	<u>½ Day Absence</u>	<u>Dates of Absence</u>	<u>Relationship</u>
Death in Family (attach proof of relation)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
*Family Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sick Day	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Vacation Day (multiple days may be submitted)	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Other (i.e. Jury Duty)	<input type="checkbox"/>	<input type="checkbox"/>	_____	

*By requesting the use of a Family Illness day, I am attesting to the fact that the use of the day is for the sickness of an immediate family member (i.e., father, mother, father-in-law, mother-in-law, brother sister, son, daughter, husband, wife, or grandchild) or a person with whom I have made my home within the previous year.

Employee signature: _____

Date: _____

Building Principal signature: _____

Date: _____

***Building office: Please forward this document to the Superintendent's Secretary at District Office.**