

Marengo High School
Staff Absentee Report

Name _____

Today's Date _____

____ All Day

Date Absent _____

____ Portion of Day _____

____ Sick (Employee)

____ Family Sick

Comments:

____ Personal Day – **MUST
BE PRE-APPROVED**

____ Field Trip

____ Deduct Day
Reason _____

____ Vacation Date _____

____ Comp Time

____ Other _____

Signature of Employee

Date

For District Office Use Only

Accumulated sick days _____ Used _____

Remaining _____

Vacation days _____ Used _____

Remaining _____

Comp Time Hours _____ Used _____

Remaining _____

Deduct _____

Substitute _____

Approved