

The School District of Edgefield County

Post Office Box 608 ~ Edgefield, SC 29824

Report of Employee Absence From Work and/or Substitute Pay

Employee Name: _____

School: _____

Position: _____

Absence Reason Codes	
PERSONAL LEAVE:	31 JURY DUTY
02 Three (3) days for personal leave can be used at any time. However, if used on an inservice day or the day before or after a school holiday, the employee must receive prior written approval from his/her supervisor. The prior approval must be attached with the report of employee absence form. Personal leave is deducted from sick leave accumulation.	32 MILITARY LEAVE
	33 PROFESSIONAL LEAVE Request approval must be attached with this form
	34 MATERNITY LEAVE
SICK LEAVE	35 EXTENDED LEAVE
41 Personal Illness	03 OTHER (please explain) _____
42 Illness in the immediate family	
43 Death in the immediate family. Three (3) days may be used for death in the immediate family. (See leave policy for immediate family.)	01 VACATION – 12 month employees only

DATE	CODE	DAYS	SUBSTITUTE SSN	SUBSTITUTE NAME

Substitute Signature: _____

This is to certify that I was absent from work on the day(s) stated above for the reason(s) as coded. This absence in no way violated the Leave Policy as set up by the School District of Edgefield County.

Employee Signature: _____

This is to certify that the above named employee was absent from, work on the day(s) state above, and in my opinion, the stated reason for this absence is correct and is in complete conformity with the Leave Policy as set up by The School District of Edgefield County.

Principal/Supervisor Signature: _____ **Date:** _____

Received by Fiscal Services: _____