

WESTFIELD PUBLIC SCHOOLS
UNIT A – ATTENDANCE/ABSENTEE REPORT

Name: _____ Position _____ Emp# _____ Date _____

School/Department: _____ Grade: _____

Dates(s) of absence (s): _____

- Check reason for absence:
- *A1 () Religious
 - () Personal (If 1st day is for May or June OR 2nd day is anytime enclose confidential note to principal)
 - () Legal
 - () Business
 - () Household
 - () Family Matter
 - () Medical
 - *A2 () Professional Development (See note below)
 - *A3 () Association Business
 - *A4 () Legal proceedings relative to teacher's employment or required by law to be a witness
 - A5 () Bereavement (Indicate relationship)
 - A6 () Family Illness (Bedside care for immediate family)
 - *A7 () Military Duty
 - A8 () Jury Duty (Attach copy of jury duty notice)

Other-Please specify: _____

*Must have prior approval of superintendent of schools or his/her designee.
Please note: If you are requesting reimbursement, submit at least 10 working days in advance of date, attach copy of registration,, and fill out the following information for approval. If approved, proper reimbursement forms must be filled out and submitted.

	<u>Amount</u>	<u>Approved</u>	<u>Not Approved</u>	<u>Signature</u>
Registration cost: _____	_____	_____	_____	_____
Lodging: _____	_____	_____	_____	_____
Mileage: _____	_____	_____	_____	_____
Meals: _____	_____	_____	_____	_____
Substitute: _____	_____	_____	_____	_____
Miscellaneous: _____	_____	_____	_____	_____
TOTAL COST: _____	_____	_____	_____	_____

Individual Professional Development Plan (IPDP) (attached) _____

Specify IPDP goals to be addressed: _____

UNIT A SIGNATURE: _____ DATE: _____

Recommended: Yes No

Principal/supervisor signature: _____ Date _____

Superintendent/designee signature: _____ Date: _____

Attention: FOR PERSONAL ILLNESS, PLEASE USE EMPLOYEE REPORTING FORM CLAIM FOR SICK LEAVE

FOR OFFICE USE ONLY – FUNDING SOURCE – LEA _____, GRANTS _____, OTHER _____