

**DUNDEE COMMUNITY SCHOOLS
ATTENDANCE REPORT**

EMPLOYEE NAME: _____

DEPARTMENT/BUILDING: _____

DATE(S) OF ABSENCE: _____

Check one >>>

FULL DAY	AM ONLY	PM ONLY
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REASON FOR ABSENCE:

SICK/FAMILY ILLNESS	PERSONAL BUSINESS	VACATION DAY	BEREAVEMENT LEAVE	JURY DUTY	DOCK PAY	SCHOOL BUSINESS	IF SCHOOL BUSINESS, PLEASE PROVIDE DESCRIPTION OF EVENT

**Check one.*

SUBSTITUTE USED (IF ANY): _____

ACCOUNT CODE CHARGED: _____

**Office Use Only* *Sample: 1128300051100000 3110*

IS THIS ABSENCE BILLABLE TO ANOTHER ORGANIZATION/GROUP/DEPARTMENT?

	YES*	NO	*NAME OF BILLABLE GROUP/PERSON

COMP TIME

	# OF HOURS	DATE	REASON:
TOTAL COMP TIME HOURS BANKED:			
COMP TIME HOURS ADDED:			
COMP TIME HOURS USED:			
TOTAL COMP TIME BALANCE:	0		

I certify that the above information is true and correct.

Employee Signature: _____

Supervisor Signature: _____

Please have Supervisor approve and forward to the Business Office WITHIN 24 HOURS OF COMPLETING THIS FORM. THANK YOU!