**DUNDEE COMMUNITY SCHOOLS**

**ATTENDANCE REPORT**

**EMPLOYEE NAME:**

________________________________________________________

**DEPARTMENT/BUILDING:**

________________________________________________________

**DATE(S) OF ABSENCE:**

________________________________________________________

<table>
<thead>
<tr>
<th>FULL DAY</th>
<th>AM ONLY</th>
<th>PM ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REASON FOR ABSENCE:**

<table>
<thead>
<tr>
<th>SICK/FAMILY</th>
<th>PERSONAL</th>
<th>VACATION</th>
<th>BEREAVEMENT</th>
<th>JURY</th>
<th>DOCK</th>
<th>SCHOOL</th>
<th>IF SCHOOL BUSINESS, PLEASE PROVIDE DESCRIPTION OF EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILLNESS</td>
<td>BUSINESS</td>
<td>DAY</td>
<td>LEAVE</td>
<td>DUTY</td>
<td>PAY</td>
<td>BUSINESS</td>
<td></td>
</tr>
</tbody>
</table>

*Check one.*

________________________________________________________

**SUBSTITUTE USED (IF ANY):**

________________________________________________________

**ACCOUNT CODE CHARGED:**

________________________________________________________

*Office Use Only*  
Sample: 1128300051100000 3110

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

<table>
<thead>
<tr>
<th>YES*</th>
<th>NO</th>
<th>*NAME OF BILLABLE GROUP/PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**COMP TIME**

<table>
<thead>
<tr>
<th># OF HOURS</th>
<th>DATE</th>
<th>REASON:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL COMP TIME HOURS BANKED:**


**COMP TIME HOURS ADDED:**


**COMP TIME HOURS USED:**


**TOTAL COMP TIME BALANCE:**

0

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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!