NOME PUBLIC SCHOOLS

Certified Staff Absence Report

Employee	
Emp. #	
Monthly recording period*	____1st – 15th , 20___ ___16th – 31st , 20___

*(Teachers are paid on the last working day of each month.)
Fill out 1 form for absences taken between the 1st- 15th of the month & submit to payroll the next business day.
Fill out another form for absences taken between the 16th- 31st of the month & submit to payroll the next business day.

Leave Type Examples

→ **Sick** → **Administrative** → **Jury**
→ **Personal** → **Association** → **Other**

Date	Half/Full day	Leave Type	SUBSTITUTE NAME	Additional Note

Employee Signature

Principal Signature

Revised April 2016/District Office-payroll department