

TRITON SCHOOL CORPORATION

LEAVE REPORT FORM

TO: Payroll Dept.

DATE: _____

FROM: _____

BUILDING: _____

SUBMIT COMPLETED FORM PROMPTLY TO YOUR PRINCIPAL / SUPERVISOR FOR APPROVAL & PAYROLL PROCESSING

DATE	AM	PM	REASON*

* Please indicate in the “REASON” column why you were/will be absent. Please check appropriate box below.

Conference (Conf. Name & Location): _____

Field Trip

Funeral Leave (Relationship of the Deceased): _____

Jury Duty

Personal

Sick Leave for My Own Illness, etc. *Note: A doctor’s permission to return to work may be necessary in some instances. Please contact the Treasurer for additional information.*

Sick Leave for Family Illness, etc. *For a relative or someone living in your immediate household*
Relationship: _____

Vacation

Employee Signature Date

This request is: *Approved* *Disapproved*

Principal / Supervisor Signature Date

This request is: *Approved* *Disapproved*

Superintendent Signature Date